ESHMS

EUROPEAN SOCIETY OF HEALTH AND MEDICAL SOCIOLOGY

UKE HAMBURG | Institute of Medical Sociology

Mental Health in Times of Uncertainty

PROGRAMME & BOOK OF ABSTRACTS

THE 21ST BIENNIAL ESHMS CONFERENCE

19–21 August 2026

University Medical Center Hamburg-Eppendorf, Hamburg, Germany

www.eshms.org

Welcome address from the local organizing committee

Dear colleagues,

it is a great pleasure to welcome you to the 21st biennial conference of the European Society of Health and Medical Sociology (ESHMS) in Hamburg. In this conference, we will explore the critical theme of "Mental Health in Times of Uncertainty".

The current global scenario is characterized by systemic and deep-rooted uncertainties. Climate change and natural hazards, armed conflicts, displacement, and pandemics contribute to the spread of uncertainty. According to the World Health Organization, fear, worry and stress are normal responses at times when we are faced with uncertainty or the unknown. Thus, the link between uncertainty and mental health is a highly topical and critical public health issue. Health and medical sociology can make important contributions to understanding the role of social and cultural factors for mental health in times of uncertainty. With the conference, we would like to promote dialogue, exchange of ideas and current findings, collaboration, and shared learning on this topic.

Hamburg has a long tradition in health and medical sociology. The Institute of Medical Sociology at the University Medical Center Hamburg Eppendorf was founded more than 50 years ago. We are honoured to welcome our international colleagues in Hamburg and wish you a stimulating, productive, and enjoyable congress, as well as a pleasant stay.

Looking forward to meeting you all in Hamburg!

Olaf v.d. Knesebeck

(for the local organizing committee)

Welcome address from the ESHMS

Dear colleagues,

It is my pleasure to welcome you to the 21st conference of the European Society for Health and Medical Sociology (ESHMS) in Hamburg, dedicated to the “Mental Health in Times of Uncertainty”, and organised by our wonderful colleagues from the Institute of Medical Sociology in Hamburg.

Our scientific community has grown significantly through regular activities designed to foster professional growth and collaboration. We have successfully established recurring sessions such as “Meet the Editors,” “Write a Peer-Review,” and our creative workshops during our conferences. We have strengthened our commitment to early-career researchers by supporting workshops and summer schools. Furthermore, we have launched the Excellence Prize in Health and Medical Sociology to reward the best paper in the discipline, open to all authors regardless of seniority. Our digital presence has also expanded, with new contributions enriching the ESHMS blog “Voices in health sociology”, edited by Liubov Borisova.

ESHMS is also now honouring the discipline and its own history by appointing two honorary members at each conference. This title is bestowed upon scholars whose work has significantly marked the discipline or who have dedicated themselves to the well-being of the Society. We are particularly proud to introduce this distinction, as it provides a long-overdue opportunity to formally recognize and celebrate the contributions of those who have shaped our field.

As we gather here, please note that 2026 is an election year for our Society for the 2026–2030 term. The Advisory Board will be up for re-election for those who wish to continue, and we have two seats available. I want to thank Laura Kestilä and Veronica Moretti for their participation in the Board, with special thanks to Veronica for the numerous activities she organized during her term, particularly regarding Artivism. I am confident that the future Board will strengthen the Society’s sustainability, continue its current activities, and develop new initiatives.

On a personal note, this conference marks the conclusion of my tenure as President after two terms (2019-2026), though I will remain on the Advisory Board. It has been a privilege to serve you, and I am confident that the Society is in a strong position for its next chapter.

I wish you a stimulating exchange of ideas, fruitful networking, and a pleasant stay in Hamburg.

Stéphane Cullati

President, ESHMS

CONFERENCE OVERVIEW

TUESDAY 18th of August 2026

09:00 a.m. - 05:00 p.m.	Pre-conference Early Career Workshop *Chair and organisation: Melissa Ceuterick*

DAY 1 – WEDNESDAY 19th of August 2026

09:00 a.m. - 05:00 p.m.	Conference Registration
09:00 a.m. - 12:00 p.m.	ESHMS Advisory Board Meeting
01:00 p.m. - 01:30 p.m. *Lecture Hall*	ESHMS Hamburg 2026 Conference Welcome *Olaf von dem Knesebeck, Stéphane Cullati*
01:30 p.m. - 02:30 p.m. *Lecture Hall*	**Keynote 1 „Beyond brain, alienation and disadvantage: A population mental health perspective“** Prof. Piet Bracke; *Chair: Liuba Borisova*
02:30 p.m. - 03:30 p.m.	Coffee Break
03:30 p.m. - 05:00 p.m.	Parallel Sessions 1
05:00 p.m. - 05:15 p.m.	Coffee Break
05:15 p.m. - 06:45 p.m.	Parallel Sessions 2
07:00 p.m. - 08:30 p.m.	Welcome Reception

DAY 2 – THURSDAY 20th of August 2026

From 08:30 a.m. onwards	Conference Registration
09:00 a.m. - 10:30 a.m.	Parallel Sessions 3
10:30 a.m. - 11:00 a.m.	Coffee Break
11:00 a.m. - 12:30 p.m.	Parallel Sessions 4
12:30 p.m. - 01:30 p.m.	Lunch Break
12:30 p.m. – 01:30 p.m.	Creative Workshop (only preregistered participants)
Room 212	*Alice Scavarda*
01:30 p.m. - 02:30 p.m.	**Keynote 2 „Breaking the structural barriers that keep mental health care out of reach“**
Lecture Hall	Prof. Sara Evans-Lacko; *Chair: Olaf von dem Knesebeck*
02:30 p.m. - 03:30 p.m.	Postersessions I and II
Room 210	*Chair I: Michael Calnan*
Room 310	*Chair II: Katalin Kovacs*
03:30 p.m. - 04:00 p.m.	Coffee Break
04:00 p.m. - 05:30 p.m.	Parallel Sessions 5
05:30 p.m. - 06:30 p.m.	ESHMS General Assembly
05:45 p.m. - 06.45 p.m.	Visit and guided tour of the Medical History Museum (preregistration only)
	Location: Building N30 on the campus
07:30 p.m. - 10:30 p.m.	Dinner
	Location: Blockbräu at the St. Pauli Landungsbrücken

DAY 3 – FRIDAY 21st of August 2026

09:00 a.m. - 10:30 a.m.	Parallel Sessions 6
10:30 a.m. - 11:00 a.m.	Coffee Break
11:00 a.m. - 12:30 p.m.	Parallel Sessions 7
12:30 p.m. - 01:30 p.m.	Lunch Break
01:30 p.m. - 02:30 p.m.	**Round Table „Social inequalities in mental health in the EU“**
Lecture Hall	Nico Dragano, Terje Eikemo, Johann Mackenbach, Ingrid Stegeman; *Chair: Alice Scavarda*
02:30 p.m. - 03:30 p.m.	Closing Ceremony / Prizes
Lecture Hall	

Detailed information about each parallel session is available by clicking on the respective session. In this book you also find a complete list of all co-authors.

PARALLEL SESSIONS OVERVIEW

DAY 1 – WEDNESDAY 19th of August 2026

03:30 p.m. – 05:00 p.m.	Parallel Sessions 1
Room 213 *Chair: Karl Krajic*	Combining employment and care for relatives on the workplace level
Room 209 *Chair: Jelena Epping, Stefanie Sperlich*	Recent developments in health inequalities – is Germany on the right track?
Room 309 *Chair: Elisa Constantino*	Discrimination and mental health I
Room 210 *Chair: Stéphane Cullati*	Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health I
Room 310 *Chair: Cornelia Wagner, Katrijn Delaruelle, Sorana Toma*	Inequalities in preventive practices I
Room 313 *Chair: Christian Broer*	Temporal misalignment, medicalization, and mental health

05:15 p.m. - 06:45 p.m.	Parallel Sessions 2
Room 213 *Chair: Valentina Rotondi*	Inconsistent parenting and mental health
Room 209 *Chair: Ariane Bertogg, Sarah Schmauk, Enrique Alonso-Perez*	Family diversities in aging societies
Room 309 *Chair: Anna Makowski*	Discrimination and mental health II
Room 210 *Chair: Malgorzata Mikucka*	Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health II
Room 310 *Chair: Cornelia Wagner, Katrijn Delaruelle, Sorana Toma*	Inequalities in preventive practices II
Room 313 *Chair: Melissa Ceuterick, Alice Scavarda*	Rethinking health-related stigma: lived experiences, structural processes, and the reproduction of new inequalities

DAY 2 – THURSDAY 20th of August 2026

09:00 a.m. - 10:30 a.m.	Parallel Sessions 3
Room 213 *Chair: Alice Scavarda*	The potential of comics and visual storytelling to improve health narrative
Room 209 *Chair: Dina Maskileyson, Zaharija Porchu*	Work, mobility, and mental health in times of uncertainty I
Room 309 *Chair: Elisa Constantino*	Discrimination and mental health III
Room 210 *Chair: Malgorzata Mikucka*	Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health III
Room 310 *Chair: Cornelia Wagner, Katrijn Delaruelle, Sorana Toma*	Inequalities in preventive practices III
Room 313 *Chair: Veerle Buffel, Amina Yaklaf, Tulya Su Guven*	Migrant mental health and healthcare utilization
Room 205 *Chair: Constantin Reinke*	Student mental health and higher education

11:00 a.m. - 12:30 p.m.	**Parallel Sessions 4**
Room 213 *Chair: Nico Dragano, Insa Backhaus-Hoven*	Comparative research on occupational health: new analyses and methodological developments
Room 209 *Chair: Dina Maskileyson, Zaharija Porchu*	Work, mobility, and mental health in times of uncertainty II
Room 309 *Chair: Christopher Kofahl*	Critical perspectives on health, knowledge, and society
Room 210 *Chair: Vladimir Jolidon*	MAIHDA: advances, extensions, and applications in health research
Room 310 *Chair: Cornelia Wagner, Katrjin Delaruelle, Sorana Toma*	Inequalities in preventive practices IV
Room 205	Workshop "Publishing and peer-review" *Liuba Borisova, Tim Huijts, Matthew Smaldon*

02:30 p.m. - 03:30 p.m.	**Postersessions**
Room 210 *Chair: Michael Calnan*	Postersession I
Room 310 *Chair: Katalin Kovacs*	Postersession II

04:00 p.m. - 05:30 p.m.	**Parallel Sessions 5**
Room 205 *Chair: Elizabeth McDermott, Eleanor Wilkinson*	Social justice and the crisis of LGBTQI+ young people's mental health
Room 209 *Chair: Jens Klein*	Health care systems and professional practices
Room 310 *Chair: Siegfried Geyer, Johannes Siegrist*	The role of theory in cross-country studies in medical sociology
Room 213 *Chair: Wietske DeVries*	Studying medicalization in times of uncertainties
Room 313 *Chair: Nico Vonneilich*	Work, employment, and occupational health
Room 309 *Chair: Anna Makowski*	Youth, school contexts, and mental health

DAY 3 – FRIDAY 21st of August 2026

09:00 a.m. - 10:30 a.m.	**Parallel Sessions 6**
Room 209 *Chair: Christopher Kofahl*	Family, parenting, and early childhood development
Room 213 *Chair: Barbara Sena*	Spiritual care
Room 309 *Chair: Baptiste Brossard*	Trauma in times of uncertainty
Room 310 *Chair: Olaf von dem Knesebeck*	Social determinants of health and health inequalities
Room 210 *Chair: Alice Marchesi*	Migration and mental health I
Room 313 *Chair: Anna Levke Brütt*	Patient and public involvement to co-production in health research

11:00 a.m. - 12:30 p.m.	**Parallel Sessions 7**
Room 209 *Chair: Anna Makowski*	Population mental health and depression
Room 213 *Chair: Daniel Lüdecke*	Health policy, governance, and public trust
Room 309 *Chair: Nico Vonneilich*	Loneliness, social relationships, and wellbeing
Room 310 *Chair: Jens Klein*	Reproductive health, gender, and medicalization
Room 210 *Chair: Alice Marchesi*	Migration and mental health II
Room 313 *Chair: Constantin Reinke*	Chronic disease, diagnosis, and epidemiology

Detailed information about each session is available by clicking on the respective session title. This will direct you to the papers included in that session. Selecting a paper title will display the corresponding abstract and the complete list of all co-authors.

Parallel Sessions 1 (Wednesday, 19th of August 2026, 03:30 p.m. - 05:00 p.m.)

Combining employment and care for relatives on the workplace level

Chair: Karl Krajic

273 Author(s): Guido Becke
„Home helps' interaction work with elder persons and their informal carers - psychosocial risks and organisational practices“

297 Author(s): Thomas Geisen
„It requires a certain degree of flexibility from others – combining employment and distant care in Swiss companies“

303 Author(s): Charlotte Dötig, Karl Krajic
„Is combining employment and caring for (highly) aged persons primarily a double burden?“

⬆ Back to Overview Parallel Sessions 1.

Recent developments in health inequalities – is Germany on the right track?

Chair: Jelena Epping, Stefanie Sperlich

155 Author(s): Christina Kersjes et al.
„Widening socioeconomic inequalities in depressive symptoms in Germany in a time of multiple crises“

247 Author(s): Batoul Safieddine et al.
„Smoking in Germany between 2008 and 2024: Age-specific trends and the impact of educational expansion“

250 Author(s): Fabian Tetzlaff et al.
„Socioeconomic inequalities in breast cancer in Germany during the last decades“

252 Author(s): Petra Rattay et al.
„Trends in income inequality in self-rated health among parents and non-parents in Germany from 2009 to 2024“

292 Author(s): Johannes Beller et al.
„Loneliness trends among adults with and without disabilities: A growing divide?“

⬆ Back to Overview Parallel Sessions 1.

Discrimination and mental health I

Chair: Elisa Constantino

113 Author(s): Lobke Van Ryckeghem et al.
„Silence speaks: Male infertility, stigma, and masculinity“

133 Author(s): Laura González Pilz et al.
„Discrimination makes you tired: An intersectional analysis of how university students embody discrimination and its mental health consequences“

167 Author(s): Justine E. Daverio et al.
„Quality of care, social inequalities in health and access to care: scoping reviews results“

⬆ Back to Overview Parallel Sessions 1.

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health I

Chair: Stéphane Cullati

203 Author(s): Rebecca Rhead et al.
„Housing tenure and mental health across adulthood: Causal evidence from the 1970 British cohort study“

204 Author(s): Helena Ludwig-Walz et al.
„Overall, emotional and social loneliness among young and middle-aged adults and their associated factors“

222 Author(s): Kristian Heggebø et al.
„Conceptualizing mental being among Norwegian adolescents: An empirical test using survey data 2023-2025“

239 Author(s): Julia Fritzsche
„From university to work: Health consequences of education and employment transitions and the role of psychosocial resources“

268 Author(s): Thomas O´Toole et al.
„The measurement and embodiment of proteomic ageing signatures“

⬆ Back to Overview Parallel Sessions 1.

Inequalities in preventive practices I

Chair: Cornelia Wagner, Katrijn Delaruelle, Sorana Toma

324 Author(s): Michał Wróblewski
„Sociotechnical imaginaries of vaccination: Future perspectives among sceptics and enthusiasts“

152 Author(s): Maddie Tremblett
„Non-attenders, or not engaged with? Inequalities in cervical screening communication in England“

161 Author(s): Samantha Groenestein et al.
„Understanding health inequalities in families: Parental adaptive capacity in a Dutch neighborhood context“

193 Author(s): Valentien Taeldeman, Katrijn Delaruelle
„Educational spillover effects and influenza vaccination uptake in Europe: The role of social (dis)connection“

⬆ Back to Overview Parallel Sessions 1.

Temporal misalignment, medicalization, and mental health

Chair: Christian Broer

180 Author(s): Carlotta Marie Mollica
„Ageing through lenses: Perspectives across disciplines in the ageing society — A sociological view“

189 Author(s): Maaike Paredis et al.
„Life course timing and loneliness: Gendered age norms and de-standardization across Europe“

305 Author(s): Isabella Morse
„The temporal politics of waiting lists: A qualitative interview study with care experienced young people“

289 Author(s): Anouk Alary et al.
„Suspended youth: Oscillating between normality and catastrophic risk in porto-sinusoidal vascular disease“

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Parallel Sessions 2 (Wednesday, 19th of August 2026, 05:15 p.m. – 06:45 p.m.)

Inconsistent parenting and mental health

Chair: Valentina Rotondi

185 Author(s): Ananda Stullich et al.
„I could really imagine that this becomes a fixed component of therapy – A qualitative analysis on the acceptability of a parenting program for parents with substance use disorder in inpatient rehabilitation in Germany“

215 Author(s): Febe Hertveldt et al.
„Caring for a child with persistent, severe regulatory problems: a multi-family-member interview analysis“

214 Author(s): Nora Louwagie et al.
„Parental psychotropic medication use, risk and intensive parenting ideology: a critical discourse analysis“

208 Author(s): Sofie Heidenheim Christensen et al.
„Parental uncertainty, intangible risk“

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Family diversities in aging societies

Chair: Ariane Bertogg, Sarah Schmauk, Enrique Alonso-Perez

126 Author(s): Ariana Bertogg et al.
„Family diversity and care contexts: Who provides non-family care?“

127 Author(s): Enrique Alonso-Perez et al.
„Family at the heart: Differences in biomarkers of cardiovascular risk among diverse family types in the German national cohort (NAKO)“

166 Author(s): Kübra Akkaya
„Between family and community: The transitions to first and second birth and volunteering patterns“

⬆ Back to Overview Parallel Sessions 2.

Discrimination and mental health II

Chair: Anna Makowski

232 Author(s): Carmen Koschollek et al.
„Discrimination and health among the adult population: results of the panel survey health in Germany 2024“

260 Author(s): Camille Duveau et al.
„10 years-evolution of the quality of life by migrant group in the Belgian population“

274 Author(s): Hilde Depauw et al.
„Psychotherapy as an ideological space: positionings of minoritized clients within structural and interpersonal power dynamics“

279 Author(s): Sorana Toma et al.
„Intersectional experiences of discrimination and mental health in France“

313 Author(s): Alice Scavarda
„The effects of psycho-emotional disablism on disabled women´s mental health“

⬆ Back to Overview Parallel Sessions 2.

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health II

Chair: Malgorzata Mikucka

257 Author(s): Julia Petersen et al.
„Severe housing cost burden during the COVID-19 pandemic – a predictor for poor mental health?“

277 Author(s): Katalin Kovács et al.
„Biomedical universe and individual suffering – care regimes for diabetic patients and the compounding inequalities“

278 Author(s): Julianna Boros
„Social inequalities in child healthcare utilisation in Hungary: A life-course analysis of five-year-olds in the Hungarian birth cohort study (Cohort 18)“

315 Author(s): Malgorzata Mikucka
„Searching for mechanisms of cumulative advantage: Accumulated labor market insecurity and recovery from health shocks in later working life“

⬆ Back to Overview Parallel Sessions 2.

Inequalities in preventive practices II

Chair: Cornelia Wagner, Katrijn Delaruelle, Sorana Toma

196 Author(s): Jan Gehrmann et al.
„What drives adherence and engagement in hybrid mental health prevention? Insights from a mixed-methods study“

212 Author(s): Katherina Heinrichs et al.
„Who to address when preventing students’ mental health issues? A qualitative expert study on marginalised student groups at German universities“

223 Author(s): Abi Woodward et al.
„Mental health stigma and cultural inequalities: Social prescribing as a preventative model for South Asian family carers in the UK“

227 Author(s): Sarah Devos et al.
„Migrant-related inequalities in preventive healthcare and the role of inclusive health and integration policies“

263 Author(s): Morris Viitanen et al.
„Age-related differences in the use of digital occupational health services among public sector employees“

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Rethinking health-related stigma: lived experiences, structural processes, and the reproduction of new inequalities

Chair: Melissa Ceuterick, Alice Scavarda

151 Author(s): Aranka Ballering et al.
„How social identities shape endorsement of the sick role: an intersectional analysis of persistent somatic symptoms.“

170 Author(s): Lena De Bonte et al.
„Understanding chronic pain stigma through Scambler's shame-blame framework“

216 Author(s): Lies Saelens et al.
„Perceived public stigma at school: School social contexts and adolescents’ perceptions of stigma toward a peer with depression“

237 Author(s): Melissa Ceuterick, Fleur Baert
„Shame, blame and opioid-related stigma in media discourse“

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. - 10:30 a.m.)

The potential of comics and visual storytelling to improve health narrative

Chair: Alice Scavarda

235 Author(s): Ingunn Vatnøy et al.
„Comics, metacognition and mental health in professional education“

256 Author(s): Anna Nordenstam
„Social critique and mental health in the comics by Linda Spåman and Marie Tillman“

312 Author(s): Alice Scavarda
„The pictorial embodiment in comics for the study of mental health“

361 Author(s): Eszter Szep, Masood Masoodian
„Representing depression in contemporary comics from the New Europe“

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Work, mobility, and mental health in times of uncertainty I

Chair: Dina Maskileyson, Zaharija Porchu

198 Author(s): Veerle Buffel et al.
„Mental health and unemployment: the relevance of descriptive and injunctive social norms“

269 Author(s): Karl Gauffin
„Negotiating exhaustion – a study of a diagnosis in transformation“

282 Author(s): Rose Xueqing Zhang
„When success feels hollow: Mechanisms linking overwork to embodied harm among Chinese white-collar workers“

298 Author(s): Zaharija Porchu et al.
„Trajectories of depressive symptoms among older immigrants in Europe: A gendered analysis“

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Discrimination and mental health III

Chair: Elisa Constantino

300 Author(s): Rose Rickford et al.
„Depression diagnosis and ethnic inequality“

314 Author(s): Mira Fey et al.
„Re-thinking access to mental health care for LGBTQI+ Communities: Applying the Levesque framework in Ireland“

322 Author(s): Samantha Davis et al.
„Discrimination as a Mechanism Underpinning Mental Health Inequalities by Sexual Identity: Longitudinal Evidence from the UK“

340 Author(s): Oliver Clackson Bonnington
„Challenging stigma where it matters: Depression-related stigma as practice assemblages, and strategies for their reconfiguration“

350 Author(s): Piotr Laskowski et al.
„Conspiracy beliefs, institutional trust and mental health in times of prolonged uncertainty (2021–2025)“

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Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health III

Chair: Malgorzata Mikucka

341 Author(s): Mateo Farina et al.
„Education and age gradients in cognitive difficulties across U.S. States, 2008–2022“

351 Author(s): Łukasz Kiszkiel et al.
„From uncertainty to adaptation? Long-term trajectories of mental health, loneliness and quality of life in a post-pandemic population (2021–2025)“

366 Author(s): Anna Christin Makowski et al.
„Intersectional inequalities in somatic symptom severity: a trans-diagnostic MAIHDA analysis of SOMACROSS data“

364 Author(s): Anthony Nunnery et al.
„Association between area deprivation, comorbidity burden, and depression in a mammography cohort“

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Inequalities in preventive practices III

Chair: Cornelia Wagner, Katrijn Delaruelle, Sorana Toma

295 Author(s): Vladimir Jolidon et al.
„Who attends the dentist? An intersectional analysis of dental service use in the UK“

320 Author(s): Ángel Ramón Zapata Moya
„Testing fundamental meta-mechanisms in socioeconomic inequalities in the adoption of preventive practices“

367 Author(s): Christopher Kofahl et al.
„Oral health literacy among adults and children in Germany“

325 Author(s): Justyna Klingemann
„Support, safety, and significant others: A sociological perspective on post-discharge suicide prevention“

352 Author(s): Christian Janssen, Christoph Geigl
„Health locus of control beliefs in German older adults: A multivariable analysis in regard to socio-economic status, health behaviors and health-related quality of life“

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Migrant mental health and healthcare utilization

Chair: Veerle Buffel, Amina Yaklaf, Tulya Su Guven

125 Author(s): Amina Yakhlaf et al.
„Family first? Migration background and preferences for family involvement in mental health decision-making in Belgium“

309 Author(s): Yuting Wen
„Mismatches in mental health support: value-driven help-seeking among UK Chinese international students“

319 Author(s): Imen El Amouri et al.
„Victimization and mental health trajectories: A 12-month longitudinal study of asylum seekers in the Netherlands and Greece“

339 Author(s): Fernanda Sousa-Duarte
„Avoiding colour-blindness: The racialisation of trust, distrust and mental healthcare preferences in Brazil“

357 Author(s): Herfina Nababan et al.
„How does discrimination in healthcare settings affect unmet healthcare needs in Germany? An intersectional mediation analysis“

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Student mental health and higher education

Chair: Constantin Reinke

134 Author(s): Antje Römhild, Alfons Hollederer
„The relationship between depression severity, deviation from the standard study period, and dropout intentions among university students: A longitudinal analysis“

139 Author(s): Emilia Niedźwiecka et al.
„Through the forest to health – non-pharmacological interventions improving mental well-being of medical students as a potential element of suicide prevention and postvention support.“

145 Author(s): Jennifer Lehnchen et al.
„I would like to see health to become an even higher priority – Findings from expert interviews on student mental health surveys at German universities“

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Comparative research on occupational health: new analyses and methodological developments

Chair: Nico Dragano, Insa Backhaus-Hoven

199 Author(s): Nico Dragano
„Comment on theoretical and methodological approaches to comparative occupational health research“

200 Author(s): Mariann Rigó, Morten Wahrendorf, Nico Dragano
„Workplace preventive measures and employee outcomes: Does country-industry context matter?“

323 Author(s): Morten Wahrendorf
„Mental health decline and work retention: Do occupational safety and health measures make a difference? Evidence from SHARE–ESENER linked data.“

330 Author(s): Insa Backhaus-Hoven
„Intersectional inequalities in psychosocial working conditions and health: Evidence from Europe“

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Work, mobility, and mental health in times of uncertainty II

Chair: Dina Maskileyson, Zaharija Porchu

307 Author(s): Yi-Ting Wang, Yawen Cheng
„Associations between precarious employment and health outcomes among workers aged 50 and over in Taiwan: Evidence from a national survey“

310 Author(s): Yawen Cheng
„Managing psychosocial health risks in large enterprises in Taiwan: A mixed-methods study with managers“

318 Author(s): Lisa Grielens et al.
„From strain to exit: Understanding turnover of childcare professionals“

331 Author(s): Netta Feldman Gilboa, Paula Feder-Bubis
„Wellbeing under pressure: A review of wellness interventions for non-surgical resident physicians.“

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Critical perspectives on health, knowledge, and society

Chair: Christopher Kofahl

255 Author(s): Andy Guise et al.
„The abandonment of people who use drugs in south London, UK: an ethnographic case study of systemic stigma and discrimination“

354 Author(s): Tugba Özcan
„Embodied uncertainty in Türkiye: Reproductive pain, diagnostic delay, and the co-production of mental distress“

174 Author(s): Lily Slanickova
„Contested pain: Fibromyalgia and the politics of uncertainty“

276 Author(s): Johanna Couvée
„To make sense of a troubled world: Intersecting critical conceptions of mental health through personal experience and professional practice“

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MAIHDA: advances, extensions, and applications in health research

Chair: Vladimir Jolidon

135 Author(s): Enrique Alonso-Perez et al.
„Phenotypic age acceleration through a lens of intersectional inequalities in the German national cohort (NAKO)“

158 Author(s): Anneleen De Cuyper et al.
„Beyond the ideal victim: An intersectional multilevel analysis of sexual harassment in higher education“

169 Author(s): Daniel Bolander Blomberg
„How does social positions and school results influence ADHD and autism diagnosis?“

241 Author(s): Lize Hermans et al.
„Inequalities in vitality: an intersectional analysis in Belgium between 2018 and 2023-2024“

291 Author(s): Philippe Bos et al.
„Intersectional inequalities in the diabetes–depression comorbidity: A MAIHDA analysis of repeated cross-sectional data of the Belgian Health Interview Survey (2001-2018)“

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Inequalities in preventive practices IV

Chair: Cornelia Wagner, Katrijn Delaruelle, Sorana Toma

138 Author(s): Niklas Petersen, Silke Schicktanz
„Responsibility, accessibility, and equity: Social preconditions and implications of current approaches to dementia prevention in Canada, Germany, and Switzerland“

280 Author(s): Mariebelle Kaus et al.
„Digital interventions to strengthen mental health in Saxony-Anhalt, Germany: Acceptance, awareness, and attitudes in the general population“

283 Author(s): Cornelia Wagner et al.
„Migration and life-course patterns of preventive healthcare uptake in Europe“

284 Author(s): Sarah Derveeuw et al.
„Neighbourhood context and ethnoracial inequities in cancer screening uptake in Belgium“

294 Author(s): Hanna Rekola et al.
„Who engages, who benefits? Understanding sociodemographic differences in appeal and mental wellbeing impact of wellbeing promoting apps: insights from the BitHabit digital intervention“

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession I

Chair I: Michael Calnan

121 Author(s): Josefine Skou Jakobsen et al.
„How can we succeed with integrated treatment for young people with co-occurring mental illness and substance use problems? Perspectives from young service users and carers“

184 Author(s): Jann Niklas Vogel et al.
„Discharge management and healthcare as a Co-productive process: Findings from a mixed-methods study in Mecklenburg–Western Pomerania“

213 Author(s): Weronika Krajewska
„Treating infertility with alternative and complementary medicine (CAM) methods. Perspectives of women and practitioners of CAM.“

217 Author(s): Eva Vangilbergen, Janneke Kuiper
„A struggle for recognition: The discourse of European Long COVID patient organizations“

219 Author(s): Eva Vangilbergen et al.
„Mapping ageism through an intersectional lens: A quantitative analysis of the social study 2024“

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Postersession II

Chair II: Katalin Kovacs

230 Author(s): Laura Scholaske et al.
„Assessing active coping with discrimination: Validation of a scale in adults with a migration background from muslim-majority countries“

242 Author(s): Mirja Baumgart et al.
„Coping strategies and mental health in Post-COVID affected healthcare workers“

259 Author(s): Ludwig Piesch et al.
„When sitting still leads to a standstill: The role of physical activity and sedentary time in coping with academic stress“

299 Author(s): Zaharija Porchu et al.
„Exploring depression prevalence across measurement systems and regions: A meta-analysis“

327 Author(s): Eetu Haataja et al.
„Intersectional inequalities in psychological wellbeing among Finnish early and mid-adolescents“

344 Author(s): Sabina Wagner et al.
„Internalised weight stigma among people with and without type 2-diabetes“

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Social justice and the crisis of LGBTQI+ young people's mental health

Chair: Elizabeth McDermott, Eleanor Wilkinson

175 Author(s): Michal Pitoňák
„From no local evidence to quiet acknowledgement: politics of (non)recognition of LGBTQI+ wellbeing in Czechia“

183 Author(s): Tobias Kuhnert, Andreas Pfister
„The role of informal care and support for LGBTQ+ youth who attempted suicide“

209 Author(s): Rachael Eastham, Elizabeth McDermott
„Irreconcilable differences?: Epistemic injustice and the integration of mental health care for LGBTQ+ young people“

349 Author(s): Eleanor Wilkinson
„The ethics of researching LGBTQ+ youth wellbeing in times of crisis: On promise, failure and care“

359 Author(s): Ad Jüne Ott et al.
„Beyond individual resilience: An intersectional analysis of well-being profiles and normative alignment among LGBTQ+ students“

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Health care systems and professional practices

Chair: Jens Klein

265 Author(s): Asako Saji et al.
„How doctors manage public assistance in primary care clinics: a qualitative study in Japan“

296 Author(s): Robert Pralat et al.
„Professional perspectives on the challenges facing mental health support services for children and adolescents in England“

338 Author(s): Daria Nikitina
„Implementing evidence-based mental health care in Russia: Institutional barriers and professional reconfigurations“

368 Author(s): Jens Klein et al.
„Health care system distrust in Germany: magnitude, inequalities, and associations with unmet need and non-adherence in a population-based survey“

370 Author(s): Leo Josam et al.
„Systematic review: User-level mitigation strategies for sociodemographic bias of LLMs in diagnostic and therapeutic decision making“

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The role of theory in cross-country studies in medical sociology

Chair: Siegfried Geyer, Johannes Siegrist

162 Author(s): Marvin Reuter, Tabea Gau
„When Is re-employment good for mental health? The role of psychosocial job quality“

164 Author(s): Johannes Siegrist
„The role of theory in cross-country research of medical sociology“

165 Author(s): Thorsten Lunau
„Theoretical models of work stress in comparative research: The impact of national contextual factors on psychosocial working conditions in Europe“

207 Author(s): Birgit Aust et al.
„Comparative worksite intervention to promote mental health: The MENTUPP study“

254 Author(s): Johannes Beller, Siegfried Geyer
„The long-term development of morbidity: From morbidity compression to morbidity expansion?“

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Studying medicalization in times of uncertainties

Chair: Wietske DeVries

148 Author(s): Eva Lianne van Dijk
„Foundational steps to prepare granting-agencies to review qualitative research: Lessons from a case study.“

149 Author(s): Sanne te Meerman
„How psychiatrization works in practice: The DSM and reification of ADHD.“

220 Author(s): Wietske De Vries et al.
„Exploring concept creep: Youths portrayal of ADHD on TikTok“

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Work, employment, and occupational health

Chair: Nico Vonneilich

150 Author(s): Dana Zarhin
„Sleepscapes: rhythms, routines, and the dynamics of everyday and everynight life“

156 Author(s): Anu Polvinen
„Employment pathways of disability pensioners in Finland: a sequence analysis“

178 Author(s): Miriam Kappe et al.
„Violence as a work-related stressor: Findings from elderly and special needs care in Southern Germany“

218 Author(s): Josephine Jackisch
„Heterogenous risks for ill-health, family breakdown and income after unemployment in times of crisis“

228 Author(s): Hanna Rinne
„The impact of unemployment on sickness absence onset and prevalence“

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Youth, school contexts, and mental health

Chair: Anna Makowski

362 Author(s): Gemma Knowles
„Bridging Divides: Working with young people to coproduce a better understanding of gender inequalities in youth mental health.“

253 Author(s): Tim Huijts
„Variations between types of smartphone bans and students well-being and social connectedness in Dutch secondary education“

345 Author(s): Anna Prokop-Dorner et al.
„From individual to school context: unpacking critical health literacy among youth in Poland“

168 Author(s): Nina Van Eekert et al.
„Parental attitudes and practices toward school- and home-based sexuality education in Belgium: A national probability survey“

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Family, parenting, and early childhood development

Chair: Christopher Kofahl

221 Author(s): Sara De Bruyn et al.
„Pregnancy and birth experiences as early determinants of parental and infant mental health“

249 Author(s): Niina Metsä-Simola et al.
„From pre-pregnancy to the early school years: maternal mental health and child´s ADHD in Germany and the UK“

266 Author(s): Fien Plochaet et al.
„Preventive parenting program targeting early infant regulatory problems: A mixed-methods feasibility study“

293 Author(s): Raphaël Hammer et al.
„Food anxiety in pregnancy: Bodily norms and risk discourses“

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Spiritual care

Chair: Barbara Sena

115 Author: Ariela Popper-Giveon, Yael Keshet
„Layers of senses – Experiencing intercorporeality in spiritual care“

182 Author(s): Holly Watson et al.
„Exploring chronic pain and spiritual well-being: Outcomes of a nurse-led psychoeducational program“

187 Author(s): Enrico De Luca, Barbara Sena
„Developing a meditative hospice model: Advancing and integrating spiritual care in palliative and end-of-life services“

301 Author(s): Giovanna Artioli et al.
„Awareness of spirituality among healthcare professionals working in palliative care: A qualitative grounded theory study“

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Trauma in times of uncertainty

Chair: Baptiste Brossard

231 Author(s): Baptiste Brossard
„The traumatic imagination: Rethinking trauma as social process“

262 Author(s): Oliver Nix et al.
„Depressive symptoms and widowhood across Europe: Anticipation, transition, and recovery in periods of uncertainty based on SHARE data“

302 Author(s): Dana Abdelfattah et al.
„Mental suffering in context: Distinguishing between mental illness and existential forms of suffering among displaced and non-displaced populations in Lebanon“

343 Author(s): Shaul Bar Haim
„New temporalities of trauma: Anticipatory selfhood and the emergence of trigger culture“

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Social determinants of health and health inequalities

Chair: Olaf von dem Knesebeck

171 Author(s): Benediktas Gelūnas
„Lampshading social determinants of health: A qualitative study of Lithuanian health policy documents“

194 Author(s): Jayanta Bora, Gabriele Doblhammer
„Social patterning of combined mental and physical multimorbidity: A latent class analysis of the German National Cohort (NAKO)“

321 Author(s): Pilar Vidaurre Teixido et al.
„Variation in social determinants of health across welfare regimes - A principal component analysis on 29 European countries“

356 Author(s): Núria Pedrós Barnils et al.
„The use of decision trees to identify intersectional inequities in unmet health care needs in Sweden following the 2010 Choice in Primary Health Care reform“

358 Author(s): Eero Lahelma et al.
„Should we study negative or positive health?“

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Migration and mental health I

Chair: Alice Marchesi

109 Author(s): Emily Frank et al.
„The effects of legal status on refugees´ mental health: Longitudinal evidence from Germany“

124 Author(s): Anna Prashizky
„Coping with triple uncertainty: Mental health and religious practices among Ukrainian female labor migrants in Israel“

173 Author(s): Satadru Bhattachryya
„Displaced by climate, burdened by gender: Mental health consequences for women migrants in South Asia“

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Patient and public involvement to co-production in health research

Chair: Anna Levke Brütt

240 Author(s): Giada Danesi et al.
„Qualitative research with patients with chronic rare diseases: Backstage processes of peer-interviewing“

275 Author(s): Agnes Dumas et al.
„The elephant in the room: The financial compensation of patient and public involvement“

285 Author(s): Brent Taels et al.
„The added value of Patient and Public Involvement (PPI) in oncology research: A mixed-methods cross-sectional study in four PPI Groups in Flanders (Belgium)“

342 Author(s): Anna Levke Brütt et al.
„What constitutes meaningful and successful patient involvement? Researchers´ perspectives from Germany“

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Population mental health and depression

Chair: Anna Makowski

122 Author(s): Emilie Gillain et al.
„Exploring the role of household and individual-level factors in depression among people initiating ART in the Western Cape, South Africa“

258 Author(s): Anna Verjans et al.
„Mental health: The role of health status and economic wellbeing in Mozambique“

335 Author(s): Rainer Reile, Mall Leinsalu
„Change in population mental health in Estonia after Russia´s military invasion to Ukraine in 2022“

353 Author(s): Manon Hoedt et al.
„From household chaos to green space: Spatial determinants of infant self-regulation“

243 Author(s): Niina Metsä-Simola et al.
„Heterogeneity in educational outcomes following ADHD: A full population register-study in Finland“

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Health policy, governance, and public trust

Chair: Daniel Lüdecke

191 Author(s): Thomas Abel et al.
„Critical health literacy and equity“

195 Author(s): Jan Gehrmann et al.
„Beyond access and use in digital health studies: Social and digital determinants of health across two European health systems“

346 Author(s): Lucie Kalousová et al.
„The last inequality: Policy, institutions, and the stratification of end-of-life quality“

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Loneliness, social relationships, and wellbeing

Chair: Nico Vonneilich

142 Author(s): Katja Goetz, Jost Steinhäuser
„Importance of services to combat loneliness – a qualitative study“

177 Author(s): Anna Christina Nowak, Dirk Lampe
„A missing link in tumultuous times? Connecting research on social conflicts and mental well-being“

202 Author(s): Pauline Kleinschlömer et al.
„The family factor: The impact of life events on loneliness“

337 Author(s): Katarzyna Zawisza et al.
„The moderating role of online social networks in the association between feeling of loneliness and well-being in Polish older adults“

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Reproductive health, gender, and medicalization

Chair: Jens Klein

137 Author(s): Anna Wallays
„How mandatory abortion counseling relates to women's reproductive empowerment: an observational study“

157 Author(s): Azer Kiliç, Mürüvet Esra Yildirim
„Interpretive contests over anti-müllerian hormone testing: How women engage with and resist anticipatory medicine“

251 Author(s): Nina Van Eekert et al.
„Describing FGC prevalence and medicalization in 5 countries: A competing risk analysis by birth cohort“

317 Author(s): Anna Theresa Schmid
„Between care and control: Analysing accompanied abortion stories in Ireland and Northern Ireland“

355 Author(s): Tugba Özcan
„Reproductive Time and mental health in clinical contexts“

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Migration and mental health II

Chair: Alice Marchesi

229 Author(s): Laura Hertner et al.
„Beyond symptom checklists: Differential sensitivity of PHQ and feeling broken and destroyed scale to social and political stressors among Syrian refugees and receiving communities in Lebanon“

246 Author(s): Susanne Bartig et al.
„Mental health of Ukrainian refugees in Germany: Results of the IAB-BAMF-SOEP Survey 2023“

348 Author(s): Emma Perneger et al.
„Aging in the shadows: health trajectories of older undocumented migrants“

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Chronic disease, diagnosis, and epidemiology

Chair: Constantin Reinke

179 Author(s): Samuel Nemeth, Shawn Bauldry
„Sociodemographic differences in the recovery of physical and cognitive functional impairments“

190 Author(s): Jana Wegehöft, Julia Perry
„Blood-based biomarkers for Alzheimer´s Disease – Current developments, insights and uncertainties concerning future implementation in Germany“

225 Author(s): Eevi Haverinen et al.
„Spatial and socioeconomic variation in neurodevelopmental diagnoses: a multilevel Finnish population study“

271 Author(s): Stefanie Sperlich et al.
„Trends in obesity from 2002 to 2022 in Germany – what is the impact of educational expansion?“

286 Author(s): Lieselotte Mond et al.
„Time trends in depression risk following acute cardiovascular events: A population-based case-control study using German health claims data“

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Combining employment and care for relatives on the workplace level

273 Author(s): Guido Becke
„Home helps' interaction work with elder persons and their informal carers - psychosocial risks and organisational practices“

Introduction: In Germany, approximately three million people are employed while simultaneously caring for care-dependent relatives (Rebaudo et al., 2021). Home helps who provide household-related services and daily living support within the framework of ambulatory care services represent an essential social support resource for employed informal caregivers. This presentation examines the psychosocial health risks associated with the interaction work of home helps with clients and their informal carers and explores how these risks are addressed through organizational practices.
Methods: Our exploratory qualitative study is primarily based on two case studies of outpatient care services with different organizational structures. Each case study includes group discussions with home helps, as well as group discussions or problem-centered interviews with managers and leaders from the respective facilities. The qualitative data were analyzed using content analysis in accordance with Kuckartz & Rädiker (2024).
Results: On the one hand, home helps experience interaction work with care-dependent clients and their informal carers as meaningful and identity-forming. On the other hand, interaction work is associated with increased psychosocial risks, primarily induced by interaction conflicts (cf. Becker-Pülm et al. 2025; Becke 2025). In particular, experiences of being disregarded, conflicts over performance and reasonable expectations, as well as moral dilemmas, emerge as significant stressors in interaction work. Our study highlights that organizational practices—such as the establishment and monitoring of cooperation rules within service collaborations, providing psychological safety, dedicated reflection spaces, and leadership practices promoting relational coordination—play a crucial role in supporting home helps in managing the psychosocial demands of their interaction work.
Discussion: Home helps in ambulatory care belong to a particularly health-vulnerable employee group, as their low socio-economic status is associated with increased health risks (cf. Dahlvik & Reinsprecht, 2014; Hoebel & Müters, 2024). Their health vulnerability is further exacerbated when interaction work with care-dependent clients and their informal carers—or with ambulatory care providers—is not recognized as a relevant job demand, but instead remains invisible or devalued. Given the heightened risks of precariousness and vulnerability within this workforce, there is a pressing need for stronger prevention policy support grounded in Decent Work principles (cf. Senghaas-Knobloch, 2019)

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Combining employment and care for relatives on the workplace level

297 Author(s): Thomas Geisen
„It requires a certain degree of flexibility from others – Combining Employment and Distant Care in Swiss Companies“

Demographic change, high labor mobility, and changing employment patterns have led to a significant increase in the number of employees who combine employment and informal distant care. The number of studies focusing on combining employment and care has increased in recent years, and new forms of organizational support in this area have been identified (cf. Geisen et al. 2023, Döttig et al. 2025a, Döttig et al. 2025b). However, not many studies have focused so far about employees in distant care and their needs for organizational and care network support (Wilding/Baldassar 2009, Sethi 2022, Shahbaz et al. 2023). The results of a systematic literature review on combining employment and informal distant care (conducted 2025) and qualitative data (theme-centered individual interviews on combining employment and informal distant care in different companies) from an international research project (COMBECA 2021-2025, funded by the Swiss SNF) are conclusive. The data were collected in the context of Swiss company case studies (n = 9 case studies, full transcription of the recorded interviews with employees combining employment and care, n = 20/ n = 8 of these employees were informal distant carers and analyzed by applying grounded theory method by using AtlasTi). The results clearly indicate that combining employment and informal distant care poses significant challenges for those employees affected, companies, and the care network. This includes formal care services as well as family members, relatives, and further caregivers, such as friends and neighbors. These challenges are related to coordinating and communicating care activities over distance and handling specific challenges in the workplace. The presentation will focus on the different forms of organizational support provided for employees that can be identified in established distant care arrangements. Most important for employees is the support of colleagues, working time flexibility, support provided by HR and further support. Based on these findings further research perspectives will be discussed.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Combining employment and care for relatives on the workplace level

303 Author(s): Charlotte Dötig, Karl Krajic

„Is combining employment and caring for (highly) aged persons primarily a double burden?“

Introduction: Care provided by family members is the predominant model of care for (very) old people in most European countries. This privatization of care responsibility is often accompanied by a lack of recognition of the fact that care can have negative effects on carers, such as economic losses, social exclusion, and losses of mental and physical health. With regard to health effects, combining employment and care is primarily discussed as a double burden. To date, there is relatively little systematic knowledge about the situation, practices, and negative or positive effects of combining employment and care.
Methodology: The project Combining Employment with Care for the Aged – COMBECA addressed this research gap. Between 2021 and 2025, this cross-national, multi-perspective study was carried out in Austria and Switzerland (FORBA Vienna and FHNW School of Social Work Olten, funded by the FWF and the SNSF). The study examined the relevance, practices, and impacts of combining paid work and care within the workplace context. The findings of the five company case studies in Austria form the basis of the present paper. On the one hand, qualitative interviews and focus group discussions were conducted. On the other hand, a standardized online questionnaire was sent to all employees in order to assess the extent of the impact across the entire organization. Regarding carers' health, a multidimensional concept of health (Pelikan 2007, 2009) was utilized, encompassing physical, mental, and social dimensions. This approach opens up perspectives on carers' perceived health risks as well as health opportunities .
Results: The results indicate that, at the organizational level, employed carers can be effectively supported through different instruments depending on the specific workplace context. The findings show that organizations have different opportunities to protect carers' health primarily through their social and psychological well-being, which in turn may also indirectly benefit their physical health. At the same time, the results highlight that the care situation itself makes an important difference: individuals providing support with instrumental activities of daily living (IADL) are more likely to maintain their health compared to those who assist with basic activities of daily living (BADL).

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Recent developments in health inequalities – is Germany on the right track?

155 Author(s): Christina Kersjes, Stephan Junker, Elvira Mauz, Florian Beese, Lena Walther, Stephan Müters, Susanne Schnitzer, Jens Hoebel

„Widening socioeconomic inequalities in depressive symptoms in Germany in a time of multiple crises“

Introduction: Since late 2020, depressive symptoms among adults in Germany have increased during a period marked by multiple societal stressors. Because vulnerability to depression is socially patterned, it is essential to assess whether this rise has affected socioeconomic groups equally. We therefore investigated trends in depressive symptoms across different education and income groups and quantified changes in mental health inequalities over time.
Methods: We analyzed population-based survey data from the German Health Update (GEDA) study conducted by the Robert Koch Institute (n = 95,267), collected between April 2019 and February 2024. Possible depressive disorder was defined as a Patient Health Questionnaire-2 (PHQ-2) summed score ≥3. Monthly time series were estimated using moving 3-month averages and smoothing curves, stratified by educational level and household net equivalent income. Absolute and relative socioeconomic inequalities were assessed using regression-based measures, including the Slope Index of Inequality (SII) and the Relative Index of Inequality (RII).
Results: Across the study period, adults with lower education and lower income showed higher proportions screening positive for possible depressive disorder than those with higher socioeconomic status. From 2022 onwards, increases were markedly steeper among the groups with lower socioeconomic status. Absolute inequalities increased from 10 percentage points (95% CI: 7–14) to 22 (8–36) for education, and from 12 (7–17) to 30 (17–44) for income between 2019 and Q1 2024. Relative inequality measures indicated a persistently elevated risk among low socioeconomic groups.
Conclusions: Socioeconomic disparities in depressive symptoms among adults in Germany widened between 2019 and 2024, particularly from 2022 on. These results underscore the importance of continuous population-based monitoring as well as equity-oriented strategies to improve mental health.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Recent developments in health inequalities – is Germany on the right track?

247 Author(s): Batoul Safieddine, Johannes Beller, Stefanie Sperlich
„Smoking in Germany between 2008 and 2024: Age-specific trends and the impact of educational expansion“

Background: Educational attainment is a major social determinant of health behaviour, and Germany has experienced substantial educational expansion in recent decades. Against this background, it is important to understand how these structural changes may have shaped health behaviour and associated social inequalities. This study investigates temporal trends in cigarette smoking in Germany among different education groups, examines how educational inequalities in smoking have developed over time, and evaluates the extent to which educational expansion has contributed to population level trends.
Methods: Data were drawn from multiple waves (2008–2024) of the German Health Update (GEDA) survey. Smoking prevalence among men and women was analysed separately within three age groups and across educational strata. Predicted probabilities derived from logistic regression models were used to describe trends. Educational inequalities were assessed using the Slope Index of Inequality (SII) and the Relative Index of Inequality (RII). To estimate the extent to which rising educational attainment had an effect on smoking prevalence, the prevented fraction for the population was calculated.
Results: A decline in smoking prevalence was observed only among young adults aged 18–39 years. Among individuals aged 40–64 years, trends varied by educational level, resulting in a substantial widening of inequalities over time. Among adults aged 65 years and older, smoking prevalence increased across all educational groups. Educational expansion demonstrated a protective population-level effect. For instance, among younger women, the proportion of smoking cases averted due to higher educational attainment rose from 13% in 2008 to 35% in 2024. In older adults, the adverse trends of smoking would have been more pronounced without educational expansion.
Conclusions: Recent smoking trends in Germany are concerning, particularly for older adults and individuals with lower educational attainment. These population subgroups should be prioritised in targeted prevention and cessation efforts. Educational reforms that support higher educational attainment may help reduce smoking prevalence at the population level. Together with strengthened tobacco control policies, such measures are essential for Germany to effectively contribute to the EU’s ambition to be tobacco-free by the year 2040.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Recent developments in health inequalities – is Germany on the right track?

250 Author(s): Fabian Tetzlaff, Benjamin Barnes, Juliane Tetzlaff, Jens Hoebel
„Socioeconomic inequalities in breast cancer in Germany during the last decades“

Background: Breast cancer is the most common cancer in women and the leading cancer-related cause of death in high income countries. Internationally, pronounced socioeconomic inequalities in breast cancer were reported. Due to data regulations in Germany, there are few studies on socioeconomic inequalities in breast cancer on a nationwide scale.
Methods: The analyses are based on small-scale data from official German statistics on cancer and causes of death from 2008 to 2019. To analyse socioeconomic inequalities in breast cancer, the official data was linked to the German Index of Socioeconomic Deprivation at district level. The composite index combines the three core dimensions of socioeconomic position: income, education and employment. To quantify the extent of socioeconomic inequalities in breast cancer in Germany, multilevel Poisson regression models are employed to estimate absolute and relative inequality indices.
Results: Overall, the incidence rates declined. Between 2008 and 2019, there is a reversed socioeconomic gradient in favour of women living in higher deprived areas (e.g. in 2017/19 RII=0.94). These inequalities are largely due to pronounced inequalities at early UICC stage at diagnosis. In contrast, inequalities are small at higher UICC stages. Although breast cancer mortality is declining moderately, socioeconomic inequalities are dynamic. Before 2010, reverse socioeconomic inequalities were observed. Since 2010, the socioeconomic gradient in mortality from breast cancer also turned, so that mortality rates in the most disadvantaged districts were higher than in the least deprived districts (e.g. RII2009=0.93 vs. RII2009=1.93).
Discussion: The results revealed decreasing cancer incidence and mortality in regions with low and high socioeconomic deprivation. However, despite a higher incidence among women living in more affluent regions, the mortality rate among them is lower. A more frequent diagnosis at an early stage could be a possible explanation for this, as the earlier a tumour is diagnosed, the higher the chances of survival. Mammography screening, which has been introduced on a large scale in Germany since 2008, may also have contributed to this. However, further studies including other prognostic indicators are needed to analyse socioeconomic inequality dynamics between breast cancer incidence and mortality in more detail.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Recent developments in health inequalities – is Germany on the right track?

252 Author(s): Petra Rattay, Florian Beese, Stefanie Sperlich, Nico Dragano, Niels Michalski
„Trends in income inequality in self-rated health among parents and non-parents in Germany from 2009 to 2024“

Introduction: Income-related health inequalities are a major public health issue in modern societies. This study investigated an understudied topic by comparing trends in income inequalities in self-rated health (SRH) between parents and non-parents.
Methods: We used data from eight surveys of the GEDA study series (2009–2023) and from the first survey of the RKI Panel (2024), including a total of 106,399 randomly sampled participants aged 25–59. Age-adjusted prevalence of good SRH was calculated for each cross-section stratified by income groups and parental status. Moderation analyses using Poisson regressions with three-way interactions between income, parental status and survey were conducted. Trends in income-related health inequality were analysed based on the Slope Index of Inequality (SII) and the Relative Index of Inequality (RII) stratified by parental status.
Results: In 2009, 75.7% of women and 77.7% of men reported good SRH. For the total sample, no significant changes in good SRH were observed until the onset of the COVID-19 pandemic, when an increase was recorded (women: 80.2%, men: 81.9%). In 2022, the prevalence returned to pre-pandemic levels and reached its lowest point in 2024 (women: 68.1%, men: 71.6%). Non-parents and those at risk of poverty were less likely to report good SRH. The moderation analysis revealed a decline in good SRH among those at risk of poverty, particularly in non-fathers (from 2014/15 onwards) and non-mothers (after 2014/15). A decline in good SRH was also observed among mothers in 2023/24. These findings were confirmed by the SII and RII results. From 2014/15 to 2022, the SII and RII were significantly higher for non-mothers than for mothers.
Discussion: Even before the pandemic, income-related health inequalities in Germany were increasing to the detriment of non-parents at risk of poverty. This could be due to the prolonged strain on this group caused by the ongoing polycrisis. Parenthood may buffer some of the stress associated with poverty, particularly in women. However, selection effects may also be at play. To identify health trends and promote targeted policy interventions that improve the health of people living in poverty, health inequalities should be regularly monitored for different population groups.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Recent developments in health inequalities – is Germany on the right track?

292 Author(s): Johannes Beller, Julia Graßhoff, Stefanie Sperlich

„Loneliness trends among adults with and without disabilities: A growing divide?“

Introduction: Loneliness is a well-established risk factor for morbidity and mortality, and individuals with disabilities are disproportionately affected. While existing evidence on changes in loneliness over time on the population level remains inconclusive, it is particularly unclear whether such changes affect people with and without disabilities equally. Understanding how loneliness develops over time among people with disabilities is critical, as this population already faces cumulative disadvantages in social participation and integration.
Methods: The analyses are based on data from the German Ageing Survey (Deutscher Alterssurvey, DEAS), waves 2014 and 2023 (*N* = 11,818). Loneliness was assessed using the six-item De Jong Gierveld Loneliness Scale. Disability status was measured via self-reported officially recognised disability (Behinderung). Multilevel models with random intercepts for respondents were estimated, including a three-way interaction of survey period, disability status and age group (≤ 65 vs. > 65). Predicted values were derived using estimated marginal means.
Results: Approximately one fifth of respondents reported disability, with similar proportions across waves. A significant three-way interaction of survey period, disability status and age group emerged. Among adults aged 65 and younger, loneliness remained largely stable over time for both those with and without disabilities. In contrast, among adults older than 65, loneliness increased significantly from 2014 to 2023 among those with a disability, while it remained unchanged among those without a disability. This pattern suggests a widening loneliness gap specifically for older adults with disabilities.
Conclusion: Loneliness increased selectively among older adults with disabilities, likely reflecting the compounding effects of age-related social losses and disability-related barriers to social participation, potentially exacerbated by societal disruptions such as the COVID-19 pandemic. These findings underscore the need for targeted interventions addressing the social health of ageing populations with disabilities and call for theoretical models that account for the intersection of disability, ageing, and social change.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Discrimination and mental health I

113 Author(s): Lobke Van Ryckeghem, Emma Hobbs, Veerle Buffel
„Silence speaks: Male infertility, stigma, and masculinity“

Men facing infertility often experience psychosocial distress, with stigma being a key factor influencing their well-being. Yet, research on infertility rarely places men and stigma at its core. When stigma is addressed, it is seldom well-defined, conceptualized, or examined in a theoretically meaningful way. Moreover, the limited literature on infertility and stigma mainly focuses on pro-natalist contexts with traditional gender roles. There is a notable gap in research exploring infertility stigma in contexts with weaker pro-natalist values, greater gender equality, and increasing acceptance of voluntary childlessness, such as Belgium and the Netherlands. Therefore, this working paper explores two key questions by conducting online focus groups discussions in both countries: (1) How do men with infertility experience stigma, and (2) What is its impact on their masculinity? Preliminary findings reveal that stigma endures even in gender-equal societies with supportive fertility policies. It manifests primarily in subtle and indirect forms, more accurately described as a persistent taboo rather than overt judgment. Nonetheless, these subtle forms have profound consequences: men internalize the taboo, experience threats to self-esteem, and renegotiate their sense of masculinity. By analysing these narratives, this research aims to deepen understanding of stigma processes in male infertility and inform psychosocial support strategies for affected individuals.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Discrimination and mental health I

133 Author(s): Laura González Pilz, Christina Prediger, Hürrem Tezcan-Güntekin, Christiane Stock, Katherina Heinrichs

„Discrimination makes you tired: An intersectional analysis of how university students embody discrimination and its mental health consequences“

Introduction: Universities play a central role in shaping students' well-being and future opportunities. At the same time, they are embedded in, and contribute to, social inequities. Students holding marginalised positions are more likely to report experiencing discrimination than their peers. Such experiences negatively influence their mental health, sense of belonging and academic trajectories. However, much of the existing literature continues to rely on single-axis perspectives, failing to capture the intersecting nature of discrimination. This study adopts an intersectional, multi-level approach to explore how university students in Germany experience discrimination during their studies, and how this shapes their mental health and wellbeing.

Methods: We conducted fifteen semi-structured, problem-centred interviews with students who reported experiencing discrimination during their studies. Our analysis was guided by the Intersectional Multilevel Analysis (IMA) framework by Winker and Degele (2011), which connects individual meaning-making to symbolic representations and social structures. This approach involved inductively reconstructing students' self-positionings and deductively contextualising how discrimination operates across interpersonal, institutional, and structural levels.

Results: Students described discrimination as an embodied process shaped by microaggressions, rigid institutional norms, and uneven power dynamics, particularly in the relationship between students and lecturers. These experiences were characterised by intersecting forms of inequity, including racism, sexism, xenophobia, classism, language-based exclusion, ableism, caregiving penalties, and ageism. Students experienced these forms of inequity as overlapping and context dependent. Discrimination settled into the body through emotional, cognitive, and physical manifestations, such as fear, anger, disrupted identities, existential questioning, exhaustion, and burnout. These were not short-term reactions, but ongoing embodied responses. Students exercised agency through strategies of endurance, withdrawal, and resistance as forms of embodied survival work in response to persistent inequities. They described discrimination as a relational and institutional phenomenon involving fluid interpersonal dynamics and contextual negotiations, through which their academic trajectories and relationships with power were continuously reshaped.

Discussion: Discrimination in higher education must be acknowledged as both a social injustice and a pressing public health issue. As a structural determinant of mental health and well-being, it requires institutional accountability and policies that extend beyond the usual diversity rhetoric to commit to meaningful structural and cultural change.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Discrimination and mental health I

167 Author(s): Justine E. Daverio Arnaud Iseli, Clément P. Buclin, Claudine Burton-Jeangros, Delphine S. Courvoisier
„Quality of care, social inequalities in health and access to care: scoping reviews results“

Despite healthcare progress, individuals from lower socio-economic groups still face limited access to medical services and report lower-quality care, reflecting systemic barriers faced by disadvantaged groups. Patients' subjective experiences of discrimination, such as perceived lack of empathy, can significantly impact patient satisfaction and experience. Differential treatment may occur during clinical interactions and be perceived as (un)intentional discrimination, impacting mental health. This scoping review focuses on secondary access to care in hospitals and explores the complex interactions between social inequalities in health, access of care, and quality of care, using self-reported measures of patient experience.
Social inequalities in health, access to care, and quality of care were searched for in five social sciences and/or medicine databases. Main eligibility criteria included disadvantaged exposure group, qualitative or quantitative research, and the outcome was patient-reported experience. Data extraction was performed by the principal investigator and verified by one additional reviewer. Qualitative studies were analysed using inductive thematic analysis with ATLAS.ti software. For quantitative studies, meta-analyses using R software were conducted when at least two studies reported comparable outcomes and exposures.
Of 1,158 records screened, 69 articles were assessed in full, and 26 were included: six qualitative, three mixed-methods, and 17 quantitative. Qualitative results consistently found that healthcare professionals' stereotypes of patients' racial or ethnic origin led to inequitable care, with patients reporting discrimination ranging from subtle to overtly dismissive or disrespectful interactions. Psychological and emotional distress were central consequences of inequity, with patients describing despair and loss of dignity, often attributed to dismissive attitudes, lack of empathy, and repeated negative interactions with healthcare staff. Quantitative results generally support the hypothesis that patients from disadvantaged groups (eg, racial minorities, low income, poor/no insurance) receive less emotional support and respect. Findings were found to vary considerably across different countries and settings.
The findings, combining both qualitative and quantitative results, support the perception of lower quality of care reported by disadvantaged population, and highlight the consequences on mental health of discrimination or lack of empathy by healthcare staff. Research adapted to local context is necessary to assess whether and how discrimination is present in each setting.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health I

203 Author(s): Rebecca Rhead, Stephanie Hatch, Jayati Das-Munshi, Alex Dregan, George Ploubidis

„Housing tenure and mental health across adulthood: Causal evidence from the 1970 British cohort study“

Introduction: Housing tenure is increasingly recognised as an upstream determinant of mental health, yet evidence on its causal role remains mixed. Much of the literature is cross-sectional or captures short-term changes around residential moves. We examined whether sustained exposure to home ownership across adulthood influences mental health in midlife, and whether different tenure trajectories are associated with later wellbeing.
Methods: Data were drawn from the 1970 British Cohort Study (BCS70; n=8016 at age 51). Housing tenure was measured repeatedly between ages 26 and 51. Outcomes at age 51 were psychological distress (Malaise Inventory) and wellbeing (WEMWBS). To estimate the causal effect of sustained ownership versus never owning, we applied g-estimation of a structural nested mean model, accounting for time-varying confounding by socioeconomic position, income and health. We also examined associations between tenure trajectories (never, late, early, always owners) and age 51 outcomes using adjusted structural equation models.
Results: At age 51, renters had substantially poorer socioeconomic and health profiles than homeowners. Under a hypothetical regime of sustained ownership across adulthood, malaise scores at age 51 were 0.19 points lower (95% CI −0.38 to −0.004) and wellbeing scores 0.12 points higher (95% CI 0.04 to 0.21) compared with never owning. Trajectory analyses showed a graded pattern: always owning was associated with the largest reduction in malaise (β=−0.51, 95% CI −0.80 to −0.22) and the greatest increase in wellbeing (β=1.57, 95% CI 0.76 to 2.38), with early and late ownership also associated with better outcomes relative to never owning.
Discussion: Sustained home ownership across adulthood was associated with modest but consistent improvements in midlife mental health, independent of time-varying socioeconomic and health factors. Longer exposure to ownership appeared most beneficial. In a context of declining home ownership and widening housing inequalities, these findings suggest that housing tenure may represent a structural pathway contributing to generational differences in mental health.

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Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health I

204 Author(s): Helena Ludwig-Walz, Pauline Kleinschlömer, Sabine Diabaté, Martin Bujar
„Overall, emotional and social loneliness among young and middle-aged adults and their associated factors“

Introduction: Loneliness is a recognized public health concern, yet its causes and protective factors in young and middle-aged adults remain poorly understood.
Methods: Using nationally representative cross-sectional data from the German Family Demography Panel Study (FReDA; N=14,443), we assessed overall, emotional, and social loneliness in adults aged 18 to 51, using the validated De Jong Gierveld Loneliness Short Scale. We applied multivariable regression analyses, stratified by age and gender, to examine associations with sociodemographic, social, health-related, and personality variables (Big Five).
Results: Overall loneliness was relatively stable across age groups, while emotional loneliness was lower among older adults and social loneliness higher. Social relationships showed the strongest protective associations, particularly for social loneliness. Mental health burdens were associated as key risk factors, particularly for emotional loneliness, while migration background was associated with social loneliness, especially among women. Among personality traits, agreeableness was linked to lower, and neuroticism to higher loneliness, with dimension-specific differences. Gender differences were minimal, and physical health condition showed no significant associations.
Discussion: These findings underline the multidimensional nature of loneliness and highlight the need for public health strategies sensitive to its distinct forms.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health I

222 Author(s): Kristian Heggebø, Sigurd E. Jacobsen, Anders Bakken
„Conceptualizing mental being among Norwegian adolescents: An empirical test using survey data 2023-2025“

Introduction: Mental health problems in adolescence can lead to long-lasting life course scars, such as school drop-out, non-employment, and marital instability. In Norway, both mental healthcare utilization and mental health complaints have been increasing the last 10-15 years, and especially so among girls. Simultaneously, adolescents and young individuals appear to be faring better on key societal arenas (e.g., education, employment). We propose that the term "mental being" may prove useful in efforts to reconcile these diverging patterns. "Mental being" can be defined as variations in mental health in combination with beneficial resources and/or disadvantages on other life domains. This broad definition is applied to underscore that numerous life circumstances can affect health and wellbeing, and moreover that mental health is change-prone across the life course. The aim of the current study is to operationalize mental being and examine to what extent this concept predicts variation in life satisfaction among young Norwegians.
Methods: As an empirical test, we analyze representative cross-sectional survey data, collected among 14-19-year-olds during 2023-2025 (N=276 397). A holistic, stepwise analytical procedure is followed. In step 1, mental being is operationalized by combining information on mental health (Hopkins Symptom Checklist [HSCL]-6) with beneficial resources and disadvantages on four other life domains (i.e., friendship, family, school, and physical health). In step 2, ordinary least squares (OLS) regressions are run with life satisfaction (0-10) as the outcome measure and mental being as the explanatory variable(s), while adjusting for underlying time trends, age, and sociodemographic covariates. In step 3, we use propensity score matching (nearest neighbor; with replacement; caliper=0.02) to reduce selection bias.
Results: // Data recently collected; analyses to be run //
Discussion: // No empirical findings to discuss yet //

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health I

239 Author(s): Julia Fritzsche
„From university to work: Health consequences of education and employment transitions and the role of psychosocial resources“

The transition from higher education to employment constitutes a pivotal life-course passage in young adulthood, involving substantial changes in social roles, institutional contexts, daily routines, and economic conditions. From a life-course perspective, such transitions represent biographical turning points at which opportunities, risks, and social inequalities may be reconfigured and accumulate over time. Health sociological research further suggests that transitional periods are often characterized by uncertainty, instability, and heightened performance demands, potentially undermining physical and mental health. Despite extensive research on school-to-work transitions, empirical evidence specifically addressing the higher-education-to-work transition remains limited, particularly regarding its dynamic nature and the moderating role of psychosocial resources.
This study pursues two objectives. First, it examines whether and to what extent the transition from higher education to employment is associated with changes in young adults' subjective health, distinguishing between pre-transition, transition, and post-transition phases. Second, it investigates whether psychosocial resources moderate these health trajectories. External resources are operationalized as social belonging, reflecting perceived social integration, while internal resources are captured by the Big Five personality traits.
The analysis draws on longitudinal data from Starting Cohort 5 of the German National Educational Panel Study (NEPS), including 73,095 observations from 7,183 individuals aged 35 or younger, observed through 2022. Subjective health, the dependent variable, is measured annually using a five-point self-rated health scale. A three-stage trajectory variable models the education-to-work transition. Random-effects panel regression models with interaction terms are estimated to assess within- and between-individual variation, controlling for gender, age, household size, and potential health resources.
The findings reveal a significant decline in subjective health during the transition to employment, with deterioration becoming more pronounced after labor market entry. Social belonging emerges as a robust protective factor, substantially buffering health declines, particularly in the post-transition phase. Conscientiousness and agreeableness also moderate post-transition health trajectories, whereas neuroticism is negatively associated with health overall but does not amplify transition-specific effects.
Overall, the results underscore that entry into employment represents a health-sensitive life-course phase and highlight the critical role of psychosocial resources in fostering resilience during this transition.

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Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health I

268 Author(s): Thomas O´Toole, Raphaele Castagné, Todd Hartman, Meena Kumari, Alex Cernat
„The measurement and embodiment of proteomic ageing signatures“

The life-long association between exposure to prior (dis)advantage and inflammatory ageing is supported by cumulative and replicable research. Inflammatory ageing signatures can be explored via the proteome, which bridges the gap between genotype and phenotype. A more granular understanding of age-related proteomic pathways and their social patterning can enhance risk prediction and help to identify modifiable, causal factors to improve population health.
To explore proteomic ageing signatures, we use an approach of feature selection, data exploration and measurement confirmation using the cardiometabolic and neurology protein panels measured in Understanding Society (the UK Household Longitudinal Study). Using 184 proteins, (92 per panel) from a final sample of 5,524 respondents, we applied L1 regularised regression modelling to predict chronological age, identifying 67 associated proteins in the neurology panel, and 59 proteins in the cardiometabolic panel at a lambda of 1se. We then modelled these identified proteins via gaussian graphical modelling, using a walktrap algorithm to identify latent communities of proteins. A series of measurement and criterion validity tests were performed using the identified latent protein groups, finding four stable communities per panel (eight in total). Functional enrichment analyses were used to inform on the molecular function and biological processes of each identified protein group, mapping associated genetic information to each protein group to detect enrichment. This step found a variety of functions from cell adhesion to chemokine regulation and kynurenine pathway activity.
We will conclude this analysis by investigating association with sociodemographic characteristics and lifecourse exposures (including socio-economic position and social mobility) to evaluate the social-to-biological embedding of proteomic ageing signatures.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Inequalities in preventive practices I

324 Author(s): Michał Wróblewski, Patrycja Didyk, Ewa Kawiak-Jawor, Marta Miedzińska
„Sociotechnical imaginaries of vaccination: Future perspectives among sceptics and enthusiasts“

Sociotechnical imaginaries are defined as ‘collectively imagined forms of social life and social order reflected in the design and fulfillment of nation-specific scientific and/or technological projects’ (Jasanoff and Kim 2009: 120). This concept refers specifically to collective visions of future.Once institutionalized, imaginaries can shape both shared social interpretations and tangible policy-making actions. hese imaginaries carry normative commitments and tacitly held understandings of the common good within the trajectory of technological progress. While the concept has been primarily applied within energy studies (Rudek 2022), it has recently been utilized to analyze various medical phenomena, such as the digitalization of healthcare (Rowland et al. 2024) and emerging therapeutic technologies (Lafontaine et al. 2021).
In this presentation, we apply the framework of sociotechnical imaginaries to investigate collective social visions regarding the future of vaccination. Our findings are based on qualitative research involving eight focus group interviews (FGIs) with two distinct respondent groups: vaccine sceptics and vaccine enthusiasts. During the study, we employed a projective technique (the ‘newspaper headline method’), in which participants imagined a front-page news story about vaccination 20 years into the future. We focus primarily on how the COVID-19 pandemic experience has reshaped these future imaginaries and explore the relationship between current vaccination attitudes and envisioned technological and social trajectories.

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Inequalities in preventive practices I

152 Author(s): Maddie Tremblett
„Non-attenders, or not engaged with? Inequalities in cervical screening communication in England“

Introduction: Cervical screening is a key prevention strategy against cervical cancer. The World Health Organization has set targets for screening, vaccination and treatment rates that countries must meet by 2030, in a bid to eliminate cervical cancer1. However, people experience a range of barriers to attend cervical screening2. In England, there are notable inequalities in the non-attending population, with estimates that 60% of the non-attending population are from the two most deprived quintiles, with 64% from global majorities3. Cervical self-screening is being introduced and offered to non-attenders4 , to try to overcome problems some experience with getting to an in-person appointment, and potential embarrassment people experience with screening. However, self-screening does not overcome barriers related to understanding, and awareness of the relevance of screening, with the non-attending population. Effective communication about cervical screening, for both in person and self-screening, has the potential to increase informed decision making. To date, there has been little focus on cervical screening communication strategies and how they could be designed to overcome the inequalities present in the non-attending population. This study looked to address this by speaking with ‘relevant parties’ to map strategies and efforts to communicate about cervical screening in a locality in South West England.
Method: Ten qualitative interviews were held with 'relevant parties’, including those involved in strategy at the population level, and community organisations who are involved with engaging the known non-attending population. Qualitative content analysis of these interviews was integrated with documentary analysis of policy documents.
Analysis and discussion: Findings will be presented to show how current official efforts to engage people with cervical screening are designed to minimise the likelihood that communication will reach or be engaging to current known non-attenders. Inequalities are therefore embedded into the way the cervical screening programme is designed. Rather than be known as the non-attending population, they could be re-framed as the ‘not engaged with’ population. Community groups work with minimal resources to fill the gaps in the system and engage those who may not attend cervical screening. Whilst important, instead equality should be embedded through co-designed communication strategies at the system level.

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Inequalities in preventive practices I

161 Author(s): Samantha Groenestein, Sam Schrevel, Suzan van der Pas, Jet Bussemaker, Matty Crone
„Understanding health inequalities in families: Parental adaptive capacity in a Dutch neighborhood context“

Health disparities have been a growing problem in the Netherlands over the last decades. Certain family types, such as single-parent households, are more likely to experience cumulative social challenges alongside poorer (mental) health outcomes. While parental resilience and adaptive capacity shape responses to these stressors, broader social and environmental contexts may contribute to the clustering of social and health problems, conceptualized as syndemics. Notably, even after recovery from socioeconomic hardship, health disparities may persist in both parents and children. Despite growing scientific and policy attention, effective and sustainable interventions remain limited.
This study explores how health inequalities among families living in an average Dutch neighborhood in a middle large city can be understood and tackled.
Guided by a social ecological perspective on health this study explored how political, historical, and social-contextual factors shape parental adaptive capacity and community resilience. Rather than focusing on individual behaviors, health experiences were examined as embedded within societal, political, and physical environments that structure access to resources and support. A qualitative focused ethnography was conducted, combining in-depth interviews with parents and professionals, focus groups, and (participant) observation data. Neighborhood selection was based on the presence of a project that facilitated established networks, and through a joint decision with the municipality and local organizations. Data were analyzed inductively.
Findings show that parents face shared challenges, including unresolved childhood trauma, single parenthood, illness, family conflicts, difficulties navigating welfare and support services, and persistent concerns about their children’s wellbeing. The accumulation of these stressors was strongly associated with heightened stress and predominantly mental health problems. Prior negative experiences with support services limited openness about difficulties, despite signals of parental overload. Although the neighborhood is not formally designated as a priority area, it was frequently described “forgotten”, characterized by long-term disengagement and declining collective involvement. These dynamics affected relationships between residents and professionals, complicating outreach and collaboration. Policy emphases and narratives targeting a designated “problem group” reinforced shame and hidden distress, while overlooking families in need of preventive support. This study highlights the importance of addressing contextual and relational dimensions of health inequalities beyond individual-level interventions.

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Inequalities in preventive practices I

193 Author(s): Valentien Taeldeman, Katrijn Delaruelle
„Educational spillover effects and influenza vaccination uptake in Europe: The role of social (dis)connection“

Introduction: While previous research has predominantly examined the impact of parental education on their children's preventive health behaviours, fewer studies have explored the reverse relationship. This study analyses the upward spillover effect of adult children's education on older adults' influenza vaccination uptake. Theoretically, longer-educated children may provide informational, motivational, and instrumental support that promotes preventive health behaviours in their parents. Conversely, older adults whose ties to such resources are weaker may experience what recent life-course literature calls "unlinked lives". Such conditions often coincide with social isolation, loneliness, or living alone, factors known to undermine preventive health behaviours. Furthermore, cross-country differences are expected, given variation in preventive healthcare institutions.
Methods: Data from the Survey of Health, Ageing and Retirement in Europe (SHARE) were used, including 40,272 adults aged 50 and above across 27 European countries. Preliminary two-level binomial logistic regression models were estimated to explore both individual-level and macro-contextual influences on influenza vaccination uptake.
Results: Preliminary results reveal (1) an initial association between adult children's education and parents' vaccination uptake, with parents of longer-educated children showing a greater likelihood of being vaccinated than those with shorter-educated children. (2) However, this link largely attenuates and becomes non-significant once social connection variables, such as household composition and social network size, are included. (3) Substantial cross-country heterogeneity further indicates the role of institutional contexts in shaping these intergenerational patterns.
Discussion: Anchored in fundamental cause theory, this study highlights the intergenerational educational gradient in health inequalities, as well as the pivotal role of social connections and their absence in shaping preventive health behaviours. By integrating intergenerational dynamics with macro-level institutional variation, the study contributes to understanding the social processes underlying inequalities in preventive practices across Europe.

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Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Temporal misalignment, medicalization, and mental health

180 Author(s): Carlotta Marie Mollica
„Ageing through lenses: Perspectives across disciplines in the ageing society — A sociological view“

Introduction: Ageing is a central concept in health and social research, yet its meaning varies across disciplines, shaping research priorities, interventions, and policy decisions. From a sociological perspective informed by STS and health/medical sociology, these differences reveal implicit normative assumptions, with consequences for trajectories, inequalities, and the governance of ageing societies. Understanding this plurality of views is a unique opportunity to orient future research while accounting for the complexity of the phenomenon. Against this backdrop, this study examines disciplinary framings of ageing to make explicit the normative and epistemic assumptions embedded in ageing research and to support greater comparability and coherence across disciplines.
Methods: The review, carried out from a sociological perspective, is conducted with a meta-narrative approach according to Greenhalgh's indications (The RAMSES Project), a methodology that allows us to reconstruct interpretations of ageing by revealing the tensions between different professional visions and enhancing interdisciplinary connections to solve apparently contradictory problems. The review examined six disciplinary areas: biosciences, psychiatry/neurobiology, psychology, engineering, economics, and business. A comparative table captured: interpretation of ageing, discipline-specific definitions, objectives, instruments, and implicit ageing scenarios. This approach highlights tensions, convergences, and divergences between disciplinary framings, providing a tool for reflexive and critical analysis.
Results: Distinct disciplinary perspectives emerge: in the biosciences and neuroscience/psychiatry, aging is seen as an inevitable phase of decline, risk, and preventive intervention; psychology emphasizes the heterogeneity of life trajectories, introducing the notion of successful aging with its inherent contradictions; engineering concentrates on assistive technologies to support independence; while economics and business view aging as a period of loss that can nonetheless be managed and planned. The analysis underscores the role of disciplinary perspectives in shaping both scientific knowledge and the governance of ageing populations.
Discussion: Disciplinary definitions carry normative and political implications, shaping what problems are addressed and which interventions are legitimised. By mapping these assumptions, the study contributes to debates on medicalisation, social justice, and governance of ageing.
Keywords: Ageing; disciplinary assumptions; comparative framework; sociological perspective.

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Temporal misalignment, medicalization, and mental health

189 Author(s): Maaike Paredis, Melissa Ceuterick, Katrijn Delaruelle
„Life course timing and loneliness: Gendered age norms and de-standardization across Europe“

Loneliness is often described as the unpleasant feeling that arises when there is a perceived discrepancy between one's actual relationships and relational expectations, which are strongly shaped by social norms. Deviating from what is considered normative may therefore increase the risk of loneliness. Age is an important dimension of social normativity: not only the transitions people experience, but also the ages at which they experience them, carry social meaning. From a life course perspective, loneliness can thus be understood as a potential consequence of being "off time." Previous research has shown that individuals who are late in establishing family roles, such as partnership formation or parenthood, report higher levels of loneliness.
At the same time, age norms do not operate in a vacuum but are embedded in broader societal contexts. The Second Demographic Transition describes an increasing diversity in the timing of major life course transitions, a process often referred to as the de-standardization of the life course. Importantly, this development has unfolded unevenly across countries. In contexts where life course timing has become more flexible, deviations from age norms may be less strongly sanctioned. De-standardization may therefore moderate the relationship between off-time transitions and loneliness.
This study examines whether country-level de-standardization shapes the loneliness consequences of delayed parenthood. In addition, it considers that age norms are gendered: expectations surrounding the timing of parenthood are often more rigid for women than for men. The study therefore also incorporates gender-specific age norms. It is hypothesized that delayed parenthood is associated with higher loneliness, that this association is weaker in countries with more flexible age norms, and that women are more strongly affected in contexts with stricter age norms.
Analyses focus on adults aged 45 to 65, a group that has largely completed family transitions and experienced the societal changes associated with the Second Demographic Transition. Using data from the European Social Survey Round 11 (2023), two-level binomial logistic regression models are estimated with individuals nested within countries. Preliminary analyses show meaningful variance in loneliness across countries, underscoring that societal contexts play a role in shaping individual experiences of loneliness.

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Temporal misalignment, medicalization, and mental health

305 Author(s): Isabella Morse, Dihini Pilimatalawwe, Robbie Duschinsky, Tessa Morgan
„The temporal politics of waiting lists: A qualitative interview study with care experienced young people“

Introduction: For adolescents experiencing mental health crises, pressures of time are heightened and uncertainties amplified. Amid a growing youth mental health crisis and mounting concern over delays in the resource-limited medical and social care sectors, concerningly little is known about how young people themselves experience time spent waiting for care. This paper draws on Berlant's concept of slow death to explore the temporal politics of waiting in the lives of adolescents engaged with both Child and Adolescent Mental Health Services (CAMHS) and social care.
Methods: Semi-structured qualitative interviews were conducted with 53 racially diverse young people aged 12-18 with experiences of CAMHS waitlists in a large metropolitan English city. This paper presents a narrative analysis of five types of waiting identified in these young people's accounts, purposely sampled to represent the intersectional factors which shaped their experiences of waiting.
Results: Throughout the interviews, waiting for care from CAMHS emerged as a prominent and pressing concern. Findings demonstrate that waiting is not a neutral pause but a charged and generative condition in which time becomes entangled with experiences of care, highlighting temporal misalignment between developmental change and institutional timelines. Further, narratives reveal that care services are relationally navigated. We identified five modes of waiting: (1) engagement, including waitlist interventions, (2) enduring and maturing, where developmental changes outpace offers of care, (3) suspension, where life feels 'on hold,' (4) disengagement and searching, where care-seeking is directed to alternatives including self-medicating, and (5) contested waiting, where young people challenge imposed timelines including by escalating self-harm.
Discussion: This paper enriches sociological theories of temporal politics by foregrounding adolescents' lived experiences of waiting within mental health care systems. It extends existing literature to conceptualise waiting as non-neutral and value-laden, situating institutional decisions in the contexts of austerity and ongoing crises and showing how young people internalise and act upon crisis logics. It further contributes insights regarding the digital and developmental aspects of adolescent waiting, emphasising increasing temporal misalignment between services and young people. The findings position waiting as a co-constructed process, underscoring the need for more active, transparent, and relational forms of care during waiting.

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⬆ Back to Overview „Temporal misalignment, medicalization, and mental health“.

Parallel Sessions 1 (Wednesday 19th of August 2026 3:30 p.m. - 5 p.m.)

Temporal misalignment, medicalization, and mental health

289 Author(s): Anouk Alary, Agnes Dumas, Carlotta Magnani
„Suspended youth: Oscillating between normality and catastrophic risk in porto-sinusoidal vascular disease“

Introduction: Porto-sinusoidal vascular disease (PSVD) is a rare liver disorder characterized by portal hypertension without cirrhosis and disproportionately affecting young and professionally active adults. Unlike many chronic conditions marked by progressive decline, PSVD combines preserved liver function with the constant possibility of sudden, life-threatening complications. Research on youth and chronic illness shows how young people may feel “out of place in time” when illness unsettles age-normative trajectories (Harper, Kenny & Broom, 2025). In rare diseases, prolonged diagnostic pathways often require active self-advocacy before recognition is achieved. This study examines how the distinctive temporal configuration of PSVD shapes anticipation, anxiety, and mental health in young adulthood.
Methodology: Within the European RITA project, we conducted a multicenter qualitative study in France, Spain, and Italy. Sixteen patients across disease stages participated in in-depth semi-structured interviews. Inductive thematic analysis explored temporal narratives, diagnostic experiences, uncertainty, and the psychological implications of ongoing medical surveillance.
Results: Participants frequently described lengthy and uncertain paths to diagnosis, during which symptoms were minimized or misattributed, requiring persistent self-advocacy to access specialist care. Diagnosis often occurred during life phases associated with expansion—education, career development, and family formation—yet participants described contraction rather than progression. Educational plans were interrupted, professional trajectories slowed or abandoned, and reproductive projects reconsidered due to medical risk. Although chronologically young, many reported feeling prematurely “old,” reinforcing a sense of difference from peers.
PSVD generated a paradoxical temporal experience: extended periods of apparent normality coexisted with the possibility of abrupt hemorrhage or encephalopathy. Acute crises were described as deeply distressing and left enduring emotional imprints. Following crises, participants reported heightened vigilance and sustained anticipatory anxiety. Everyday life became structured around monitoring and risk management, compressing temporal horizons and making long-term planning emotionally precarious.
Discussion: PSVD exemplifies a form of temporal instability in which preserved biological function coexists with sudden life-threatening events. In young adulthood, this fragile normality destabilizes educational, professional, and reproductive trajectories and sustains anticipatory anxiety. Mental health vulnerability emerges less from steady decline than from living under conditions of preserved function and recurrent threat.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Inconsistent parenting and mental health

185 Author(s): Ananda Stullich, Jan Gehrmann, Johannes Stephan, Laura Hoffmann, Matthias Richter

„I could really imagine that this becomes a fixed component of therapy – A qualitative analysis on the acceptability of a parenting program for parents with substance use disorder in inpatient rehabilitation in Germany“

Introduction: Substance use disorder (SUD) causes immense burdens for society and the affected person. Looking at families living with a parent with SUD, there are indications that the symptoms of SUD can lead to significant, inconsistent parenting behavior that can lead to adverse effects in children. Recent studies explored the need for a parenting–related intervention during inpatient rehabilitation for parents with SUD in Germany. This study explores the acceptability of the innovative AddictionContext-Intervention (KSI) as part of the feasibility study of the model project KontextSucht in Germany.
Methods: In 2023, we conducted 20 semi–structured interviews (16 parents with SUD, 4 professionals) in two clinics in Germany. The clinics developed and implemented the KSI. We analyzed the interviews using a structured deductive–inductive content analysis, taking a realist ontological perspective. We first conducted an exploratory qualitative analysis assessing acceptability, guided by the theoretical framework of acceptability (TFA).
Results: We explored participants' motivation, the assessment of the KSI modules, and early impacts parents noticed. Parents' motivation was largely driven by the aspiration to provide a positive future for their children, complemented in some cases by external encouragement from professional staff. High levels of satisfaction were reported by both parents and professionals, indicating that the intervention modules require only minor refinement. Participants described positive impacts on parent–child interaction, parental responsibility, and emotional regulation. We concluded on the acceptability of the KSI driven by the seven component constructs of the TFA. Overall, the KSI was perceived as acceptable, with participants advocating for its inclusion in standard rehabilitation treatment.
Discussion: The findings demonstrate a high level of acceptability of the KSI driven by the TFA among both parents with SUD and professionals within inpatient rehabilitation. The positive appraisal of the modules and the reported early impacts support the feasibility of integrating this parenting-focused intervention into standard SUD treatment. These results highlight the importance of addressing parenting in rehabilitation settings, reflecting the needs of both parents and professionals.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Inconsistent parenting and mental health

215 Author(s): Febe Hertveldt, Guido Van Hal, Edwin Wouters, Koen Ponnet, Sara De Bruyn
„Caring for a child with persistent, severe regulatory problems: a multi-family-member interview analysis“

Introduction: Regulatory problems (RP) in infants, such as persistent crying, disrupted sleep, and feeding difficulties, cause distress for the baby and place significant pressure on parents. These challenges can undermine the coregulatory bond between parent and child, leading to shared dysregulation and tension within the family. Societal expectations, including traditional gender norms, may further intensify this strain. While infant mental health (IMH) and RP are increasingly recognised, research has focused largely on crying, often overlooking sleeping and feeding difficulties. Moreover, families' lived experiences remain insufficiently explored, as fathers are underrepresented and studies rarely include both parents. This study addresses these gaps by examining how mothers *and* fathers caring for a baby with severe and persistent RP experience daily life, how intensive caregiving shapes their parental identity, and how they navigate challenges within their broader family and social context.
Methods: We used Interpretative Phenomenological Analysis (IPA), applying the Multi-Family Member Interview Analysis (MFMIA) approach. MFMIA enables the integration of individual interviews into family-level interpretations, offering a deeper understanding of the family's lived experience beyond individual stressors. Six mother–father dyads who had received specialised support in a third-line IMH day clinic in Belgium participated in in-depth interviews.
Results: Four themes emerged. First, families described their experience as far beyond tiredness; RP caused a rupture that destabilised daily structure and predictability (*Disrupted lives*). Second, coping strategies were shaped by gendered expectations; fathers often retreated into work, while mothers felt confined to relentless caregiving (*The struggle for balance: work as escape, home as prison*). Third, parents gradually withdrew from social life, influenced both by others minimising their struggles and by their own reluctance to show vulnerability (*Alone on an island*). Finally, the effects of RP persisted long after the acute phase, leaving emotional fragility, and, for some, the slow emergence of resilience and insight (*The past shapes the present*).
Discussion: At the conference, we will expand on these themes through the MFMIA lens and argue that RP should be understood not only as an individual clinical issue but as a relational and social phenomenon requiring broader societal responses.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Inconsistent parenting and mental health

214 Author(s): Nora Louwagie, Katrijn Delaruelle, Melissa Ceuterick
„Parental psychotropic medication use, risk and intensive parenting ideology: a critical discourse analysis“

High psychotropic medication prevalence has increasingly been observed as ambiguous. It is a relatively low-cost and widely available mental health intervention for those who need it. However, its prevalence also constitutes an indication of overprescribing habits and risks of unnecessary prolonged use. In Belgium, where access is gatekept by GPs, DDD (defined daily dose) of psychotropics is among the highest in the world. Research points to pharmaceuticalisation trends since not all use can be explained by need, and social patterns, e.g. more use among people with a lower education level, are revealed.
Existing research on pharmaceuticalisation has focused on feelings of anxiety and sadness, which are also prevalent during the transition into parenthood. This transition is associated with greater responsibility, causing stress and even post-partum depression, often addressed through psychotropic medication use. Recent data shows that new parents are more likely to start antidepressant consumption in the first year after birth compared to the general public. Simultaneously, consuming psychopharmaceuticals as a parent elicits reproach, since children are seen as ‘at risk’ of certain parental behaviours. With parental medication use, possibilities arise for the intersection of stigma surrounding “good parenting” and psychotropic medication use. However, there is a lack of research on how different social norms and expectations coalesce in parents’ decisions surrounding psychotropic medication.
To address this gap, our research examines how parental psychotropic medication users and their (future) children are depicted within the perinatal timeframe. For this purpose, a selection of Belgian Dutch-language documents from relevant civil society and government organisations will be gathered. The selection will be guided by two main criteria: (1) their audience, parents in the perinatal phase, and (2) topic, parental mental health and psychotropics. The documents will be analysed using critical discourse analysis, specifically Fairclough’s framework, which considers how the language in these texts reflects and shapes social power dynamics and ideologies in society.
The analysis investigates the social norms and expectations surrounding parental psychotropics consumption, especially discourse surrounding risk and intensive parenting ideologies in Belgium. In this way, the study contributes to the understanding of decision-making processes of parents concerning their medication use.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Inconsistent parenting and mental health

208 Author(s): Sofie Heidenheim Christensen, Julie Midtgaard, Lene Eplov, Anne Thorup, Alexandra Jønsson
„Parental uncertainty, intangible risk“

“It shouldn’t be like that. Her [daughter] *alone, regulating her feelings with a pacifier.* […] *I’m an adult who can’t regulate my feelings, so I know how important it is to learn.”* – Mother aged 31, suffering from a mental illness

As parenting in large parts of the Global North during the twenty-first century has become a practice considered crucial for child development, also known as parental determinism, so has parenthood become fraught with risk consciousness (Furedi 2002). Coupled with intensive parenting, in which belief in the innate capabilities of parents has been replaced with greater trust in experts, parental uncertainty has become a societal challenge, impacting parents through stress, self-doubt, and for some, the choice not to have children (Lee 2023, Simonardottir 2024). This study investigates how parental uncertainty can become entangled with fears of hereditability, in families with parental mental illness.

The study is based on ongoing longitudinal ethnographic fieldwork (2 years) with 10 Danish families, with children (age 0-18 years) living at home and where one or both parents have received treatment for any mental illness in the past three years (e.g. social anxiety, schizotypal disorder, post-traumatic stress disorder, and bipolar disorder). Fieldwork includes participant-observation in everyday-life situations and semi-structured interviews. The families are enrolled in the VIA Family 2.0 trial (ClinicalTrials.gov ID NCT06312410) a randomized controlled trial testing a selective preventive, family-based intervention.

Drawing on theories of risk as a socially constructed compulsion to change (Douglas 1992, Beck 2006) and deterministic parenting (Furedi 2002), analysis of empirical fieldwork material has generated insights into how parents conceptualize hereditability of mental illness – implicating both shared personality traits between parent and child, parallels in life circumstances, and unintentional passing on of life management struggles – and how these conceptualizations impact parenting uncertainties and practices.

We argue that this analysis exemplifies parental uncertainty shared by parents both with and without mental illness but augmented by a socially constructed centralisation of inherited vulnerability, that challenges the sense of agency of some parents and lead others to intensive parenting characterized not by clearly defined parameters for success, but rather an intangible sense of risk.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Family diversities in aging societies

126 Author(s): Ariana Bertogg, Mareike Bünning, Michael Weinhardt
„Family diversity and care contexts: Who provides non-family care?“

Introduction: Family members provide a substantial share of unpaid support. Informal care between family members often arises from limited public care infrastructure or from normative expectations. Less is known about the pathways into non-family care. Research gaps particularly concern the role of available kinship ties and the specific “care context”. In this study, we therefore ask:

1. How are individuals’ embedment in kinship structures associated with care provision to non-family persons?
2. How do these associations vary between care contexts with their old-age care policies and different care norms?

Method: We use six prospective panel waves (4–9) from the European Survey of Health, Ageing and Retirement in Europe (SHARE), collected among adults aged 50 or older in 28 countries. Using logistic random effects models, we estimate the probability of providing support to non-family persons. Kinship structure is measured with the presence of a partner, children, and both. Care contexts are captured with Eurostat indicators on old-age care policies and with average agreement with family care norms, computed from Eurobarometer data. Our analysis proceeds in two steps: first, we examine the role of kinship structure; then we include interaction terms between kinship structure and care contexts.
Results: About one in four caregivers provides care to non-family persons. Individuals with neither partner nor children are twice as likely to provide non-family care as those with both a partner and children. Regarding care contexts, we find that more pronounced family care norms discourage non-family care. This association is strongest for individuals with neither partner nor children. In contexts with strong family care norms the likelihood of providing non-family care converges for individuals with different kinship structures. Regarding old-age care policies, we find evidence for a “crowding in”-effect: the greater state expenditures on formal care services (care-in-kind), the more likely we observe non-family care. No clear differences emerge between individuals with different kinship structures.
Discussion: Non-family care represents a growing but understudied aspect of unpaid informal care. The availability for non-family care depends on the presence of core family ties, and can be suppressed by strong normative obligations to provide family care.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Family diversities in aging societies

127 Author(s): Enrique Alonso-Perez, Sarah Schmauk, Paul Gellert
„Family at the heart: Differences in biomarkers of cardiovascular risk among diverse family types in the German national cohort (NAKO)“

Background: Marital status is independently associated with cardiovascular disease risk, yet it is rarely considered together with factors like partnership status, living together or parenthood. Associations between family type and cardiovascular risk are driven by aspects such as household socialization, which shapes health behaviors. We explore how different family types beyond marital status are associated with biomarkers of cardiovascular risk, expressed with multivariable risk scores.
Methods: Using data from the German National Cohort Study (NAKO), we included 116,145 participants aged 40-75 and examined between 2014 and 2019. Exploiting individual cardiovascular and inflammation biomarkers, we assessed cardiovascular risk through the Framingham risk score and dyslipidemia prevalence. Multivariable regression models were used to evaluate cardiovascular risk across six family types, namely living with partner, living without partner and no partner, all with and without children. We further stratified by sex and household income.
Results: Overall, people without children had substantially lower cardiovascular risk than those with children. Those living with their partners displayed the lowest risk in general (7.46% 10-year risk), with significant differences compared to those without partner (7.75% 10-year risk). Cohabitation protective effects remained when stratifying by sex, where men had higher risk. In contrast, this protective effect was attenuated when stratifying by income: higher income was hazardous for most of the men family types, whereas it was protective for women.
Conclusions: Family type matters for cardiovascular risk, and operationalizations beyond marital status provide more nuances for subgroups at higher risk. Assessing cardiovascular risk with clinically-relevant multivariable risk scores allows to identify modifiable factors, particularly biomarkers that can be affected by changing lifestyle behaviors. Precision measures should be aimed at individuals without partner and living alone without children.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Family diversities in aging societies

166 Author(s): Kübra Akkaya

„Between family and community: The transitions to first and second birth and volunteering patterns“

Family transitions shape who we become at every stage of life. Beyond their implications for individuals and kinship networks, family transitions also influence volunteering. Recent studies have suggested that becoming a parent may reduce the likelihood and frequency of volunteering when the child is young.
Building on this evidence, this paper investigates how parenthood—distinguished as (1) the transition to first parenthood and (2) the transition to a second—is associated with changes in the frequency of volunteering.
The analysis employs longitudinal data from the German Socio-Economic Panel (SOEP)**,** which tracks individuals' family structures and volunteering behavior over time. The study uses data from 1985 to 2019. The analytical sample includes individuals between the ages of 18-65. Overall, N = 23,387 individuals were observed in N = 135,889 person-years. Parenthood is modeled in two ways: (a) transition to first parenthood, and (b) transition to second birth. The data set includes 37,531 first births and 18,265 second births. To estimate within-person changes over time, fixed-effects models are employed, controlling for unobserved individual heterogeneity and time-invariant characteristics. The models adjust for time-varying covariates.
The results indicate that the transition parenthood is associated with a decline in volunteering: the birth of a first child leads to an average decrease of 0.07 units in volunteering frequency ($p<0.001$). In contrast, second births are associated with an increase in volunteering frequency ($\beta = 0.112$, $p<0.001$). The transition into parenthood for the first time can be overwhelming and substantially alters individuals' available time, their habits and responsibilities. This may explain a reduction in volunteering. However, time resources, habits and responsibilities do not appear to further limit volunteering after second birth. As previous studies indicate, the association between parenthood and volunteering develops in a non-linear manner over time, and resources for volunteering may depend on children's ages. In the next steps, I thus plan to investigate how the parenthood effect evolves over time as children grow older using a non-linear time trend implemented as a FE model with an impact function. Additional analyses may include the study of political participation.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Discrimination and mental health II

232 Author(s): Carmen Koschollek, Marleen Bug, Susanne Bartig, Kathleen Pöge, Caroline Cohrdes, Claudia Hövener, Katja Kajikhina, Jens Hoebel

„Discrimination and health among the adult population: results of the panel survey health in Germany 2024“

Introduction: Discrimination is inadmissible by law in specific contexts. Nevertheless, it persists and can have serious impact on health. This study analyses social differences with regards to the prevalence of experiences of discrimination in everyday life as well as in terms of the occurrence of multiple discrimination among adults in Germany. Additionally, associations with self-rated general and mental health are examined.
Methods: For analyses, the population-based panel survey “Health in Germany”, wave 2024, conducted by the Robert Koch Institute (n=26,645) was used. Participants were asked about experiences of everyday discrimination and possible reasons for these experiences using an adapted version of the *Everyday Discrimination Scale*. The frequency of everyday discrimination as well as the occurrence of multiple discrimination were examined in relation to demographic, socioeconomic and migration-related characteristics. Associations between experiences of discrimination and self-rated general as well as mental health were investigated using Poisson regressions.
Results: More than two thirds (69.2 %; 95%-CI: 68.4 – 69.9) of the adult population reported experiencing discrimination in their everyday life rarely or sometimes, 12.2 % (95%-CI: 11.6 – 12.9) made such experiences often or very often. Nearly half of those who perceived discrimination reported two or more reasons for these experiences (46.8 %; 95%-KI: 45.8 – 47.8). Everyday as well as multiple discrimination were more often reported by younger people, trans or gender diverse persons, as well as from people in socioeconomically disadvantaged situations, and migrants. The most frequently stated discrimination categories were ‘age’, ‘educational level, income, occupation’, ‘gender’ and ‘origin, accent, language, appearance, name’. The frequency of experiencing everyday as well as multiple discrimination was gradually associated with worse self-rated general and mental health, even after controlling for demographic, socioeconomic and migration-related characteristics.
Discussion: Discrimination is widespread among the adult population in Germany and has been shown to be a significant social determinant of health. It is more frequently perceived by population groups that are already disproportionally affected by health inequities. The results corroborate the World Health Organization’s approach that reducing and overcoming discrimination constitutes a key strategy for advancing health equity.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Discrimination and mental health II

260 Author(s): Camille Duveau, Lize Hermans, Rana Charafeddine
„10 years-evolution of the quality of life by migrant group in the Belgian population“

Introduction: Although female sex, older age, and lower educational attainment are well-established determinants of worse health-related quality of life (HRQoL), less is known about the role of country of birth and parental country of birth. Evidence on HRQoL trends by migration background over the past decade also remains limited. This study examines HRQoL trends in Belgium from 2013 to 2023, focusing on differences across migration backgrounds and HRQoL dimensions.
Methods: Data were drawn from the Belgian Health Interview Survey (2013, 2018 and 2023-2024) including individuals aged 15 years old and older (N = 32,340). The EQ-5D-5L instrument was used to assess HRQoL covering five dimensions (mobility, self-care, usual activities, pain/discomfort, anxiety/depression), each measured on a 5-level severity scale. Health states were converted into an index score ranging from values below 0 (worse than death) to 1 (full health).
Participants were classified into five groups: native Belgians, first-generation European (EU) migrants, first-generation non-EU migrants, second-generation EU migrants and second-generation non-EU migrants. Survey-weighted linear and logistic and linear regressions compared HRQoL across groups over 2013–2023.
Results: Between 2013 and 2023-2024, HRQoL decreased significantly among all groups. In 2013, first-generation non-EU migrants had lower HRQoL (0.81) than native Belgians (0.85). A positive interaction with survey year indicated that this gap narrowed in 2018, when both groups reported similar scores (0.83). In 2023, HRQoL declined compared with 2013 (0.84 vs 0.86), with no significant interaction by migrant status, suggesting a similar decline across groups. The reduction was mainly driven by increased problems in self-care and anxiety/depression, particularly among first-generation non-EU migrants.
Discussion: Although the gap between first-generation non-EU migrants and native Belgians narrowed in 2018, this improvement was temporary. By 2023, HRQoL had declined across all groups, with no evidence of differential trends by migrant status. These findings indicate persistent baseline inequalities rather than a progressive widening of disparities over time. Continued efforts are needed to address structural determinants contributing to migration-related health inequalities.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Discrimination and mental health II

274 Author(s): Hilde Depauw, Lotte Morel, Melissa Ceuterick

„Psychotherapy as an ideological space: positionings of minoritized clients within structural and interpersonal power dynamics“

Introduction: Psychotherapy is a site where the sociopolitical, institutional, and individual levels constantly and mutually influence each other. In Western settings, this can unintentionally reproduce hegemonic values such as objectivism, hyperindividualism, and productivity. In particular for clients holding minoritized identities (based on language, religion, ethnicity, gender, ...), this creates frictions that touch upon broader societal power relations, which carry risks for the course of therapy, the client's health, and their societal position. Although these dynamics have been extensively described in the literature (for example in decoloniality and liberation psychologies), little is known about how clients themselves accept, negotiate, or contest these dynamics within the therapeutic space.
Methods: The present study proceeds from a critical social psychological framework for discourse analysis and analyzes 34 semi-structured interviews with clients from minoritized groups in Flanders (Belgium).
Results: A preliminary analysis reveals three central dilemmas: (1) loyalty versus resistance toward a system that is often perceived as "not for us"; (2) splitting of identity to make oneself comprehensible or "safe" within therapy; and (3) navigating between trust and distrust, whereby clients employ various strategies such as accepting, addressing, or discontinuing therapy. These dilemmas demonstrate how clients articulate both reproduction of hegemonic values and forms of resistance.
Discussion: The findings suggest that clients actively and strategically engage with ideological power dynamics in therapy. Further analysis must elucidate the circumstances under which clients switch between loyalty and resistance, and what implications this has for equitable care practices.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Discrimination and mental health II

279 Author(s): Sorana Toma, Victor Lelay, Fanny D´hondt
„Intersectional experiences of discrimination and mental health in France“

Introduction: A substantial body of research shows that interpersonal discrimination negatively affects mental health, increasing psychological distress and depression risk. However, most studies treat discrimination as a singular experience and rarely examine how multiple, intersecting forms jointly shape mental health outcomes, particularly among individuals with migration backgrounds. Using an inductive, person-centred approach, this study investigates how constellations of discrimination—defined by the grounds to which individuals attribute these experiences—relate to depressive symptoms, with attention to gendered patterns.
Methods: We use data from the Trajectoires et Origines (TeO2) survey (2020–2021), which includes 27,000 respondents and oversamples individuals with immigrant backgrounds across three migration generations. Among respondents with an immigrant background, we applied Latent Class Analysis (LCA) to identify clusters of discrimination based on attributed grounds (e.g., nationality/origin, skin colour, religion, physical appearance, gender, age), allowing multiple responses. Analyses were conducted separately for men and women. Logistic regression models then examined associations between class membership and depressive symptoms in the past 12 months, controlling for socio-demographic, socio-economic characteristics and frequency of discrimination.
Preliminary Results: For men, a four-class solution emerged: (1) discrimination attributed mainly to nationality/origin; (2) mainly to skin colour; (3) multiple ethno-racial markers; and (4) other grounds. For women, a five-class solution emerged, including similar classes plus two additional configurations: (3) combined gender and ethno-racial attributions; and (5) religion-based discrimination combined with nationality/origin and clothing. Logistic regressions indicate that clusters characterised by multiple grounds of discrimination are most strongly associated with depressive symptoms for both men and women. For women, the combination of sexism and ethno-racial discrimination shows the strongest associations, while religion-based discrimination is also linked to elevated symptoms. For men, discrimination involving multiple ethno-racial markers is more detrimental than attribution to a single marker.
Discussion: Findings show that the mental health burden of discrimination depends not only on frequency but on its intersectional configuration. These gendered patterns are consistent with the *double jeopardy* hypothesis, positing that individuals who belong to more than one stigmatized group face compounded psychological burdens. Women exposed to both gender-based and ethno-racial discrimination exhibit the highest vulnerability, while men are most affected when discrimination spans multiple ethno-racial markers.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Discrimination and mental health II

313 Author(s): Alice Scavarda

„The effects of psycho-emotional disablism on disabled women´s mental health“

Introduction: Many Disability Studies scholars focus on structural disablism: a set of assumptions and practices that promote the differential treatment of people because of their real or perceived disabilities (Goodley, 2014). Scholars of feminist disability studies have put forward the concept of psycho-emotional disablism, which arises from the disabled person's relationships with others or with themselves (Thomas, 1999; Reeve, 2019). Psycho-emotional disablism impacts a person's emotional well-being and sense of self, and can therefore have a cumulative negative effect on their self-esteem over time. Although there is a lot of literature on psycho-emotional disablism, little is known about its effects on the mental health of cognitively disabled and neurodivergent women.
Methods: This paper combines the results of a qualitative study with neurodivergent women and a creative workshop organised with cognitively disabled women in Italy. The qualitative study involved in-depth interviews and creative activities such as collage-making and role-playing. These activities were carried out by a single researcher. The workshop formed part of an action research project investigating gender-based violence against disabled women. This involved the use of comic-based activities, applied theatre, and walking interviews. These activities were conducted by two sociologists and one psychologist.
Results: The results of the two studies show that psycho-emotional ableism is widespread, expressed through feelings of inadequacy and internalised incapacity, which prevent many participants from fully engaging with society. The devaluation of neurodivergent and cognitively disabled women causes them to exclude themselves from public spaces and social activities, preventing them from exploring unfamiliar places. This constant state of alertness, coupled with the fear of teasing and harassment, undermines the mental well-being of the women interviewed and prevents them from forming meaningful relationships and building social capital.
Discussion: Psycho-emotional ableism is a crucial dimension to consider when studying the social discrimination of disabled and neurodivergent women from an intersectional perspective (Crenshaw, 1997). Disabled and neurodivergent women experience oppression at the intersection of their gender identity and their disability. This creates a sense of powerlessness and social vulnerability that requires specific policy interventions.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health II

257 Author(s): Julia Petersen, Anna C. Reinwarth, Elmar Brähler, Rieke Baumkötter, Philipp S. Wild, Karl J. Lackner, Thomas Münzel, Jochem König, Norbert Pfeiffer, Manfred E. Beutel
„Severe housing cost burden during the COVID-19 pandemic – a predictor for poor mental health?“

Introduction: Suffering from severe housing cost burdens (SHCB) has been associated with higher distress. The COVID-19 pandemic offers a unique chance to study the mental health impact of housing and its costs given the recession and subsequent inflation. However, longitudinal research studying the effect of housing costs on mental health during the pandemic has been sparse.
Methods: In a large population-based longitudinal study, over the course of the pandemic, conditional latent growth models (LGM) were applied to examine the role of housing costs in mental health trajectories. SHCB was operationalized as spending at least half of one's monthly net income on rent or other housing costs. Depressiveness (PHQ-9), anxiety (GAD-2), loneliness (UCLA-3), and psychosocial stress (PHQ stress scale) were investigated as mental health outcomes. In addition to SHCB, associations of sex, age, socioeconomic status, and migration background on slope were also tested.
Results: Consistently higher scores and intercepts of depressiveness, psychosocial stress, and loneliness were found for people who were burdened with severe housing costs. Mental health slopes were not significantly associated with housing costs with the exception of anxiety. Anxiety of those with SHCB declined to the level of participants without SHCB. Female sex and younger age were found to be associated with higher distress levels, while higher socioeconomic status was associated with lower levels of depressiveness and loneliness. Migration background was associated with a higher psychosocial stress load.
Discussion: Severe housing cost burden was linked to worse mental health indicators (particularly depressiveness, loneliness and psychosocial stress) before and over the course of the pandemic, rendering participants who spend at least half of their income or more on housing costs particularly vulnerable. One key mechanism for this may be the loss of one's job or a reduction in income following the onset of the pandemic. This effect may be additionally exacerbated by factors such as female sex, lower age and migration background, which were found to be especially burdened by the pandemic. Since participants with a lower socioeconomic status were found to be particularly affected by severe housing cost burden, future pandemic aid interventions should target these groups specifically.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health II

277 Author(s): Katalin Kovács, Zsófia Kollányi, Julianna Boros, Zsuzsa Szántó
„Biomedical universe and individual suffering – care regimes for diabetic patients and the compounding inequalities“

Introduction: Diabetes treatment is largely medication-based, but self-managing is also crucial. For the latter, expert advice is essential. According to previous experiences, the best treatments are individualized, and the communication between providers and patients is intense. However, diabetes care regimens are frequently hierarchical, offering better care in more prestigious areas or for patients of higher social status (Lutfey-Freese, 2005). This study aims to explore diabetes care regimes of Hungary and the mechanisms that generate inequalities in care.
Methods: We interviewed 24 people living with diabetes living in 6 different small areas of the country, thus getting treatment from 6 different outpatient specialized care units and several general practitioners. The interviews were analysed by Thematic Analysis (Braun-Clarke, 2006).
Results: We found 3 different types of regimes. “Negligent”, “mechanical” and “careful” regimes were distinguished by intensity of care (the level of attention paid to the patients’ individual physical, financial and mental problems; the frequency of performing preventive examinations; the extent of providing lifestyle advice). “Negligent” regimens often disregard signs of physical misery arising often from inappropriate prescriptions, such as contraindications, and almost always personal difficulties with disease management, causing physical suffering and sometimes embarrassment to patients. “Mechanical” regimes lacked the personalized focus.
Expect one very disadvantaged small area, we did not find hierarchies in the quality of care provided. But locality played an important role when care was not satisfying. Searching for a better provider, some turned toward private care, which created inequalities by income and also by the availability of a private provider. Alternatively, patients could find another public provider, for which the opportunities are patterned by the size of the residence and its proximity to larger centres.
Discussion: The biomedical model of treating chronic diseases suffers from serious limitations. Adjusting several drugs for treating several diseases needs aggravated attention and time from medical providers. The ever-decreasing financial resources for Hungarian health care led to the spread of “mechanical” diabetic care regiments. This process leads to more suffering for patients, especially for those, who aren’t able to switch for better care, due to their poverty or the location of their residence.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health II

278 Author(s): Julianna Boros

„Social inequalities in child healthcare utilisation in Hungary: A life-course analysis of five-year-olds in the Hungarian birth cohort study (Cohort 18)“

Introduction: Healthcare utilisation patterns in early childhood reflect not only individual health needs but also broader social and structural determinants of health. Within a formally universal health system, children's use of specialist and developmental services may still vary according to socioeconomic position, parental resources, and organisational factors. These utilisation differences have implications for cumulative disadvantage and health inequalities over the life course and intersect with experiences of uncertainty, care access, and family wellbeing.
Methods: Using data from the Hungarian Birth Cohort Study (Cohort '18), we analysed healthcare utilisation among five-year-olds in Hungary for specialist services (dermatology, otolaryngology, allergology, orthopaedics, pulmonology, gastroenterology, neurology, psychology/psychiatry), physiotherapy/movement therapy, and special education services. For each service we distinguish whether utilisation occurred in state-funded care, private care, or a mixed setting. Additional indicators included the presence of a regular paediatrician, injuries requiring medical attention, and overnight hospitalisation. Multivariate logistic and multinomial regression models were used to examine social gradients in overall utilisation, and type of provision. Predictors included maternal education, subjective income, employment, partnership status, and settlement size.
Results: Preliminary analyses indicate high overall contact with primary paediatric care across all groups. In contrast, specialist and developmental service utilisation shows marked social differentiation: children from families with higher maternal education and better economic resources are more likely to use private or mixed provision. Need-driven services, such as hospitalisation and injury-related care, show weaker socioeconomic patterns, suggesting elective and developmental care is more sensitive to social stratification.
Discussion: These findings highlight that even in a universal healthcare system, social inequalities influence patterns of healthcare utilisation in early childhood. Differential access to specialist and developmental services may contribute to cumulative advantages or disadvantages, shaping life-course health trajectories. The results underscore the importance of institutional context and social determinants in early childhood healthcare access, offering insights for policy and sociological theory.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health II

315 Author(s): Malgorzata Mikucka
„Searching for mechanisms of cumulative advantage: Accumulated labor market insecurity and recovery from health shocks in later working life“

This paper conceptualizes the ability to recover after a sudden deterioration in health as a distinct and policy-relevant dimension of health. Moving beyond a focus on the long-term health trajectories or the onset of illness, I examine post-shock recovery within cumulative advantage and disadvantage framework. From this perspective, the socially differentiated capacity to recover from health shock may be a mechanism that contributes to diverging health trajectories.
The study investigates whether exposure to affective job insecurity and unemployment during the decade preceding a health shock shapes the probability of recovery. Using longitudinal data from the German Socio-Economic Panel (SOEP), I follow individuals who experienced a marked health worsening between ages 55 and 65. I define health worsening as a deterioration in the top decile of within-person changes in the SF-12 physical and mental health scales. Recovery is defined as a return to, or substantial improvement toward, pre-shock health levels within a two-year observation window. To reduce selection bias, I match respondents on their propensity to experience job insecurity and unemployment.
Preliminary findings reveal clear socioeconomic gradients in recovery. Individuals with higher education and better pre-event health show a higher probability of recovery. In contrast, prior exposure to unemployment and job insecurity is related to lower recovery chances, although estimates remain sensitive to model specification. Panel attrition following a health shock is substantial, but does not vary systematically by initial health status or education. Sensitivity analyses address attrition through inverse probability weighting and imputation, and alternative definitions of health worsening based on transitions to poor self-rated health and the onset of health limitations yield similar patterns.
Overall, the findings show that recovery after a health shock is socially patterned. Unequal exposure to labor market insecurity may operate as a mechanism of cumulative disadvantage, shaping not only the risk of health decline but also the capacity to regain health in later life.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Inequalities in preventive practices II

196 Author(s): Jan Gehrmann, Ananda Stullich, Julia Roick, Matthias Richter, Johannes Stephan

„What drives adherence and engagement in hybrid mental health prevention? Insights from a mixed-methods study“

Introduction: Mental health conditions place substantial demands on preventive care. However, effectiveness depends on equitable uptake and sustained engagement. Hybrid prevention programs combining guided phases with digitally supported self-management are promising. This study examines how use patterns, individual characteristics, and eHealth literacy relate to adherence and engagement (AE) and explores contextual factors during the digital phase of a sequential hybrid psychosocial intervention aimed at reducing stress and improving quality of life and work ability.
Methods: A convergent mixed-methods design was applied. Quantitative analyses included participants with post-intervention data (n = 118). AE was assessed using a seven-item likert-scale (α = 0.92). Regression analyses examined associations between sociodemographic variables, digital use indicators, and eHealth literacy (eHLUS). Focus groups with participants were analyzed using qualitative content analysis to contextualize and complement quantitative findings.
Results: The regression model explained 64% of the variance in AE (adjusted R^2). Higher AE was significantly associated with perceived ease of completing digital modules ($\beta = 0.329$, $p < 0.001$), number of coaching sessions ($\beta = 0.256$, $p < 0.001$), and balanced use of different content formats ($\beta = 0.254$, $p = 0.002$). The motivational eHLUS dimension ‘eHealth engagement’ strongly predicted AE ($\beta = 0.427$, $p < 0.001$), whereas age, sex, subjective social status, and the eHLUS dimensions ‘Autonomous Use’ and ‘Technical Access’ showed no associations (all $p > 0.05$). Qualitative findings indicated that AE was shaped by need-based use, integration into routines, perceived therapeutic continuity, and situational barriers such as time constraints and technical disruptions.
Discussion: The findings suggest that AE in hybrid prevention reflects dynamic processes of motivational self-regulation rather than being driven by sociodemographic factors or technology-centred usage metrics. This is crucial for addressing inequalities, as preventive interventions reduce burden only if they are used and sustained across diverse user groups. Ease of use, supportive coaching, and varied digital content foster user experiences and AE. Qualitative results highlight context-sensitive, customizable, and flexibly structured hybrid approaches supported by therapeutic guidance. By identifying motivational and contextual drivers, this study contributes to understanding how hybrid prevention can be designed to support equitable participation and reduce engagement-related disparities.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Inequalities in preventive practices II

212 Author(s): Katherina Heinrichs, Christina Prediger, Jennifer Lehnchen, Laura Pilz González, Zita Deptolla, Julia Burian, Christiane Stock
„Who to address when preventing students' mental health issues? A qualitative expert study on marginalised student groups at German universities"

Introduction: University students are prone to mental health problems. However, certain student groups are at an even higher risk of reporting mental health issues. Mostly, research on this topic relies on self-reported data from students, whereas this study draws on the perspective of experts involved in campus health promotion. By integrating their knowledge and experience, we aimed to identify student groups who are structurally marginalised and should be prioritised during mental health monitoring and promotion at the organisational level.
Methods: In 2024, a total of 28 experts (university professionals and students involved in campus health promotion) from 16 universities in Germany participated in 23 problem-centred interviews. Besides topics like the implementation of student mental health surveys and/or intervention development, experts were specifically asked to reflect on which student groups they perceive as particularly at risk and thus, requiring focused attention within student mental health monitoring and campus health promotion. We conducted a template analysis to interpret the data.
Results: Experts identified several groups at higher risk of mental health problems who should specifically be addressed in respective university action. These groups include students with marginalised social positions characterised by a) social background (e.g. first-generation academics, students with a migration background, and/or international students), b) psychosocial issues (e.g. mental health conditions, experience of loneliness or discrimination, and/or chronic health conditions), c) limited time or financial resources due to employment, commuting, and/or caregiving responsibilities, and/or d) facing academic challenges during studies like performance pressure, being in the first or last semester, and/or studying during the pandemic.
Discussion: Higher education institutions are responsible to shape inclusive health-promoting environments. Mental health promotion must prioritise structurally marginalised student groups and address the barriers they face. Drawing on the perspectives of experts who monitor student mental health and implement interventions and institutional policies for campus health promotion allows for insight into how these barriers are recognised, reproduced, or addressed by universities. By embedding health promotion in a power-sensitive, equity-oriented framework, organisational measures can become more effective and just by actively aiming not only for health equality but health equity.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Inequalities in preventive practices II

223 Author(s): Abi Woodward, Megan Armstrong, Nathan Davies
„Mental health stigma and cultural inequalities: Social prescribing as a preventative model for South Asian family carers in the UK“

Introduction: Social prescribing (SP) is a community-based preventative approach that supports people to manage factors shaping health and wellbeing, including social determinants such as isolation and limited community connectedness. However, preventative models often assume early help-seeking, autonomy, and clear identification of need. This paper examines how these assumptions may reinforce inequalities for South Asian family carers in the UK, where caregiving is culturally normalised, gendered, and shaped by religious and familial expectations.
Methods: This research comprises two linked studies:

- Semi-structured interviews with Pakistani carers (n=27) and SP professionals (n=10);
- A co-production study developing a framework for culturally relevant SP, involving focus groups and workshops with South Asian carers, community leaders and practitioners, alongside user testing with professionals.

Carer interviews and focus groups were conducted in English and Urdu. Data were analysed using reflexive thematic analysis informed by a socio-ecological lens.
Results: Across Pakistani, Bangladeshi and Indian carers, participants described emotional exhaustion, isolation, and anxiety, yet rarely framed these as mental health concerns. Mental health stigma contributed to silence, guilt, and reluctance to seek support. Care was widely constructed as a moral duty, and many did not self-identify as ‘carers’. Decisions about seeking external support were often negotiated within families, where discussing emotional difficulties could be perceived as “complaining”. Preventative mechanisms such as SP were constrained by social and structural factors. Language barriers, limited relevant messaging, and under-resourced community infrastructure restricted engagement. Within healthcare settings, carers were frequently not identified, limiting access to support. Carer-specific peer spaces were viewed as protective against isolation when delivered through trusted community settings. Co-production activities with carers and professionals highlighted the importance of grounded messaging, trusted voices, and clearer pathways for proactive identification.
Discussion: Findings highlight the complexities surrounding carer identity, family dynamics, mental health stigma, and limited awareness of social prescribing as a model of community-based support. When carers do not self-identify or are not routinely recognised within primary care systems, opportunities to address emerging mental distress may be reduced. Prevention in this context requires relevant messaging, clearer terminology, proactive identification, and continued co-production with the communities such interventions are intended to support.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Inequalities in preventive practices II

227 Author(s): Sarah Devos, Sorana Toma, Cornelia Wagner, Vladimir Jolidon, Bernadette van der Linden, Claudine Burton-Jeangros, Stéphane Cullati, Piet Bracke, Katrijn Delaruelle

„Migrant-related inequalities in preventive healthcare and the role of inclusive health and integration policies“

Introduction: Preventive healthcare plays a crucial role in improving health outcomes, yet disparities in access and engagement persist among migrants and ethnically minoritized groups. These inequalities are often attributed to individual-level barriers such as language skills or health literacy, obscuring the institutional conditions that shape opportunities to engage in prevention. Moreover, migrants are not a homogeneous group; inequalities reflect the intersection of migration status with gender, age and socioeconomic position. While research shows that inclusive healthcare and integration policies influence migrant health and access to care, less is known about how such policies shape intersectional inequalities in *preventive* healthcare. This study examines how national policy environments contribute to migrant-related inequalities in prevention practices.
Methods: We combine the European Health Interview Survey (EHIS 3; N = 313,105; 254,282 native-born, 30,578 first-generation, 28,245 second-generation) with the Migrant Integration Policy Index (MIPEX). The MIPEX *health* strand specifically measures formal entitlements, service accessibility, and targeted strategies that facilitate migrants' access to healthcare. Outcomes include participation in recommended preventive healthcare practices, such as cancer screenings, and cardiometabolic blood tests. Using multilevel analysis of individual heterogeneity and discriminatory accuracy (MAIHDA), we examine inequalities in preventive healthcare use across national policy contexts, and across strata defined by migration status, gender, age, and socioeconomic position.
Results: Descriptive analyses indicate modest differences in cardiometabolic monitoring, with slightly lower uptake among first-generation migrants compared to native-born individuals. In contrast, age-eligible cancer screening participation appears broadly similar across groups, suggesting that preventive inequalities may be outcome-specific. Building on this, we will examine whether migrant–non-migrant differences vary across national contexts with more or less migrant-inclusive policies, and whether these patterns differ across intersecting social positions. We hypothesize that such differences are smaller in more inclusive policy environments, particularly among first-generation, non-European origin, and socioeconomically disadvantaged migrants.
Discussion: By conceptualizing migrant inequalities as outcomes of institutional opportunity structures, this study contributes to an institutional and intersectional understanding of prevention. Migrant-inclusive policy frameworks shape the conditions under which preventive healthcare becomes more accessible, and identifying these institutional mechanisms is essential for designing preventive healthcare systems that actively counter racialized and socioeconomic inequalities.

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Inequalities in preventive practices II

263 Author(s): Morris Viitanen, Tea Lallukka, Anne Kouvonen, Kustaa Piha

„Age-related differences in the use of digital occupational health services among public sector employees“

Introduction: The use of digital services has expanded rapidly, particularly during the COVID-19 pandemic. Finland, like other Nordic countries, is strongly advancing digital-first policies. Previous research suggests that digital occupational health services (DOHS) are used more frequently by women and individuals in higher socioeconomic positions, while older age is associated with poorer satisfaction in DOHS and lower use of overall digital health services. This study examines whether the use of DOHS differed by age group among Finnish public sector employees.
Methods: This register-based study included 49,455 individuals aged 20 years or older who were employed by the City of Helsinki during 2020–2022. Age was categorized into five groups. Socioeconomic position—measured by education, occupational class, and income—was adjusted for in the analyses. The number of sickness absence days was included to control for underlying health status. Associations between age group and the number of DOHS visits were analysed using negative binomial regression.
Results: Clear differences in the use of DOHS by age group were observed. Among women, who constituted the majority (76%) of the cohort, employees aged 40–49 had the highest use of services (IRR 1.25 [95% CI 1.22–1.29], reference group 20–29-year-olds). The second highest use was observed among employees aged 30–39 (IRR 1.14 [95% CI 1.11–1.17]) and 50–59 (IRR 1.13 [95% CI 1.10–1.17]). The oldest group, those aged 60 years and above, used the services significantly less than all other age groups (IRR 0.61 [95% CI 0.55–0.67]). A similar pattern was found among men.
Discussion: The findings highlight age as a significant determinant of DOHS use. Midlife employees had the highest engagement with DOHS, whereas employees aged 60 and over were the least likely to use them. Employees aged 20–29 used DOHS services more than those over 60 but less than midlife employees. The results underscore the importance of designing occupational health services, including digital services, that are accessible to employees across all age groups. Future research should explore long-term trends in age-related differences in DOHS use and investigate potential barriers among older employees.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Rethinking health-related stigma: lived experiences, structural processes and the reproduction of new inequalities

151 Author(s): Aranka Ballering, Piet Bracke, Donald van Tol, Olaf von dem Knesebeck, Liesbet Goubert

„How social identities shape endorsement of the sick role: an intersectional analysis of persistent somatic symptoms."

Introduction: Individuals with persistent somatic symptoms (PSS) are frequently denied entrance to the sick role. However, little research examines how social identities, including sex and gender, intersectionally influence this process. Therefore, this study examined how social identities, in both the general population and individuals with PSS, are intersectionally associated with endorsement of the sick role.
Methods: We conducted an experimental 2x2-vignette study among the Dutch general population (N=498; 61.1% female, 36.3 [SD=17.0] years), varying PSS type (fibromyalgia [FM] *versus* rheumatoid arthritis [RA]) and patient gender (man *versus* woman). Participants reported sociodemographic characteristics (age, gender role adherence, and educational attainment), PSS-related illness beliefs (consequences, personal control and credibility), negative emotional reactions towards PSS, and endorsement of the sick role (i.e., exemption from social responsibilities, freedom from blame, undesirability of PSS, and support for seeking help). Via multiple ordinal logistic regression, we assessed associations between PSS type and endorsement of the sick role, and intersectional differences herein for social identities of the general population and individuals with PSS. Factorial ANOVA assessed sex and gender differences in PSS-related illness beliefs and negative emotional reactions. Sex-stratified structural equation modelling assessed mediation by illness beliefs and emotional reactions in the association between PSS type and endorsement of the sick role.
Results: Women and individuals with RA were more likely granted exemption from social responsibilities than men and individuals with FM (OR=1.69; 95%CI=1.18-2.41 and OR=0.53; 95%CI=0.37-0.76, respectively) regardless of participants' sex. Male participants reported higher levels of illness beliefs about personal control ($F_{(1,446)}$=9.52; p<0.01; η^2=0.02), credibility ($F_{(1, 446)}$=16.0; p<0.001; η^2=0.04), and negative emotional responses ($F_{(1, 446)}$=5.36; p=0.02; η^2=0.01) than female participants, particularly towards FM. Credibility beliefs partially mediated the association between PSS type and freedom from blame, but no other mediation effects were found.
Discussion: This study highlights that both patient and participant characteristics affect endorsement of the sick role in PSS. The gendered denial of the sick role may reinforce PSS-related stigma and hinder adequate care, for example by delaying help-seeking behavior, diagnosis and treatment. Understanding sick role dynamics is essential for reducing stigma and improving health equity among men and women with PSS.

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Rethinking health-related stigma: lived experiences, structural processes and the reproduction of new inequalities

170 Author(s): Lena De Bonte, Melissa Ceuterick, Justine Vanbavinckhove, Fleur Baert, Maité Van Alboom, Peter Pype, Liesbet Goubert

„Understanding chronic pain stigma through Scambler's shame-blame framework“

Chronic pain affects approximately 20% of adults worldwide, yet people living with this condition encounter pervasive stigma in healthcare and society. Chronic pain stigma is currently understood as an interpersonal concept, manifesting in prejudice and discriminatory responses, often exacerbated by social identities like gender or ethnicity. While abundant literature demonstrates stigma's presence and impact, we lack strong theoretical frameworks to explain how stigma operates structurally.

This presentation develops such a structural framework by applying Scambler's macro-sociological framework for health-related stigma. We conceptualize chronic pain stigma as a shame-blame complex in which people living with chronic pain are not only shamed and socially marginalized for failing to conform to biomedical expectations of recovery but are also increasingly positioned as deviant and morally blameworthy for pain-related practices and embodied consequences. These include disability, mobility limitations, and long-term medication use.

This shame-blame complex emerges because chronic pain fundamentally challenges dominant biomedical norms. Pain is typically invisible, assessment relies heavily on self-report, and biomedical models struggle to explain pain that persists without observable tissue damage or beyond expected healing trajectories. As a result, individuals with chronic pain are simultaneously questioned in the legitimacy of their suffering and held responsible for managing pain in ways that align with neoliberal ideals of self-control and autonomy.

This shame-blame dynamic is further intensified through intersecting stigmas. Chronic pain stigma connects to disability stigma (when patients with chronic pain fail to meet norms of autonomy and productivity), mental health stigma (when pain gets psychologized and patients are expected to manage emotions “properly”), and addiction stigma (when long-term medication use, like opioids, becomes morally judged). These intersecting stigmas do not operate in isolation but mutually reinforce the moralization of chronic pain and its consequences.

Using Scambler's distinction between enacted stigma (actual discrimination) and felt stigma (internalized shame and anticipated delegitimization), we illustrate how individuals navigate multiple overlapping moral frameworks simultaneously. By adopting this structural perspective, we can better understand how deeply embedded societal norms operate at institutional and cultural levels to produce and sustain chronic pain stigma, thereby offering crucial insights for future research and stigma-aware pain care.

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Parallel Sessions 2 (Wednesday 19th of August 2026 5:15 p.m. - 6:45 p.m.)

Rethinking health-related stigma: lived experiences, structural processes and the reproduction of new inequalities

216 Author(s): Lies Saelens, Piet Bracke, Melissa Ceuterick, Bart Van de Putte, Fanny D`hondt
„Perceived public stigma at school: School social contexts and adolescents' perceptions of stigma toward a peer with depression"

Mental health difficulties are increasingly prevalent among adolescents, yet help-seeking remains low. Mental health stigma has been identified as a persistent barrier to care. Research typically distinguishes between personal stigma, reflecting individuals' own attitudes toward mental health difficulties, and perceived public stigma, capturing beliefs about how others would view or treat individuals with such difficulties. A consistent empirical finding is that perceived public stigma tends to be higher than personal stigma, suggesting that individuals tend to overestimate others' stigmatizing attitudes. However, most studies measure perceived public stigma using abstract reference groups (e.g. "most people") and rely on individual-level comparisons between respondents' own attitudes and their perceptions of others, providing limited insight into how stigma perceptions are shaped within concrete social and institutional contexts.

Addressing this gap, the present study examines adolescents' perceived public mental health stigma as a contextually embedded phenomenon, focusing on secondary schools as key meso-level settings. Specifically, we examine (1) how adolescents' perceived public stigma toward a peer with depression aligns with the distribution of personal stigma attitudes within schools, and (2) how school-level social factors are associated with perceived public stigma.

Data are drawn from an online survey administered among students in upper secondary education in Flanders, Belgium. The analytical sample consists of 4,752 adolescents (62.1% girls, mean age = 16.8) in 38 schools. Stigma is operationalised as desire for social distance from a peer with depression, measured both as personal stigma and as perceived public stigma referring explicitly to peers at one's own school. Students' personal stigma scores are aggregated at the school level to construct an indicator of prevailing stigma attitudes. Multilevel regression analyses are used to assess school-level clustering of stigma perceptions and associations with school-level stigma attitudes and indicators of the school social environment.

Preliminary analyses indicate that adolescents' perceived public stigma is higher than personal stigma and shows meaningful school-level clustering. While school-level stigma attitudes explain part of this variation, substantial differences between schools remain. Ongoing analyses suggest that higher perceived social support from teachers and classmates is associated with lower perceived public stigma, whereas school compositional characteristics show weaker associations.

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Rethinking health-related stigma: lived experiences, structural processes and the reproduction of new inequalities

237 Author(s): Melissa Ceuterick, Fleur Baert
„Shame, blame and opioid-related stigma in media discourse“

Public stigma surrounding opioid use has been increasingly recognised as a critical barrier to effective treatment and patient wellbeing. While media representations are known to significantly shape public perceptions of health conditions, research examining how opioids and their users are portrayed in European news media remains limited. This study addresses this gap by conducting a critical discursive analysis of Flemish online news media, drawing on critical discursive psychology to explore how opioid stigma is constructed and contested in public discourse. In our analysis we distinguish six dominant interpretative repertoires: (1) opioids as medical treatment for pain, (2) opioids as addictive medication, (3) opioids as a goldmine for Big Pharma, (4) opioids as a catalyst for criminal behaviour, (5) opioids as a threat to public health, and (6) opioids as a miracle drug. These reveal a complex and often contradictory narrative landscape that may contribute to the stigmatization of opioid use and users. By highlighting the multifaceted ways in which opioids are framed, this study offers a nuanced understanding of the media's role in shaping public attitudes and potentially influencing policy and clinical practice. The findings underscore the importance of critically engaging with media discourse in efforts to reduce stigma and promote more balanced and evidence-informed representations of opioid use in Europe.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

The potential of comics and visual storytelling to improve health narrative

235 Author(s): Ingunn Vatnøy, Adriana Margareta Dancus, Stefano Ratti, Veronica Moretti
„Comics, metacognition and mental health in professional education“

Empirical studies in graphic medicine show how comics analysis and comics creation can be successfully used in health professions education to support the development of students' soft skills, in particular communication, empathy, and emotional intelligence (see Green, 2015; Maatman et al. 2019; Moretti et al. 2025). The link between comics analysis, comics creation and professional students' metacognition, here understood as the ability to understand and regulate one's own thinking process, has received less scholarly attention.

Metacognitive strategies have an important role in education, improving educational performance, self-regulated learning and critical thinking skills (Ishak et al., 2025). In professional education, developing metacognitive skills is critical not only for adaptive professional practice in complex situations (Chen et al., 2025; Medina et al., 2017), but also for professional students' own mental well-being. Moreover, in integrative supervision, learning and supervision are understood as polylogical processes where humanistic, systemic, and cognitive perspectives are epistemologically integrated (Schigl et al., 2020). This is important because it brings cognitive and metacognitive dimensions into dialog with bodily, emotional, and social factors to deepen students' reflection on their own professional practice.

In this study, we investigate how comics analysis and comics creation can be used in mental health teaching to promote professional students' metacognition. By reviewing and combining perspectives from graphic medicine, comics studies, and integrative supervision, we provide a theoretical and pedagogical framework for approaching a comics-based mental health teaching in professional education. In addition, we conduct a qualitative study of anonymized single-panels cartoons, individual written reflections and transcriptions of recorded group-discussions (n=30) produced by medicine, nursing and teacher students from the University of Bologna and the University of South-Eastern Norway. To analyze the collected data, we utilize among others hermeneutic phenomenological thematic analysis, with the aim is to trace how meaning emerges across dialogue sequences and visual metaphors, and how this relates to expressions of mental-health professional identity and metacognitive awareness.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

The potential of comics and visual storytelling to improve health narrative

256 Author(s): Anna Nordenstam
„Social critique and mental health in the comics by Linda Spåman and Marie Tillman“

Many young people in Sweden are struggling with mental health issues. According to a new report from the Swedish Agency for Youth and Civil Society (2025), 60% of young people aged 16–24 say they suffer from anxiety or worry. The proportion is higher among girls (71%), but also high among boys (50%). Mental illness among young people is a major social challenge, as well as in other European countries. One way to respond to and comment on the phenomenon of mental illness is to draw comics. Among Swedish comic artists, mental illness has been a prominent theme for several years (Ernst 2017). Comics depict panic attacks, grief, and suicide attempts, but also anxiety and worries. In Linda Spåman's comic album *Misslyckat självmord på Mölndalsbro (Failed suicide attempt on Mölndalsbro) (2011*), the young woman fails to commit suicide, and her time at the hospital is depicted in expressive, powerful black and white comics that convey her anger at not being able to control her own life. In Marie Tillman's cartoons in the albums *Tänk positiv annars kan du dö* (Think positive or you might die) (2018) and *Fråga Livscoachen* (Ask the Life Coach) (2021), the tone is, as we see in my analysis, different, where young women are suffering from pressures of daily life, such as how to fit in, be unique, and be happy. These comics are profoundly human representations of a society in which happiness is an ideal (Ahmed 2010; Frangos Classon and Österholm 2023). The paper argues that the neoliberal norm of being healthy and happy is criticised in different ways in Tillman's and Spåman's comics, and that these comics can be regarded as a form of resistance. Tillman's strategies involve using black humour, irony, and visual metaphors with colourful soft lines (El Refaie 2019). Spåman, on the other hand, is using an expressionistic visual style, drawn with rough and shaky black and white thin lines.

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The potential of comics and visual storytelling to improve health narrative

312 Author(s): Alice Scavarda
„The pictorial embodiment in comics for the study of mental health“

Introduction: Embodiment is a central aspect of human experience and social life (Boero & Mason, 2020), influenced by social contexts and cultural representations, though not completely aligned with them (Schilling, 2001). Comics are a form of 'embodied' research within the scope of storytelling (Inckle, 2010). They facilitate pictorial embodiment, which is the visual representation of various versions of oneself and others (El Refaie, 2012; Versaci, 2007). While many scholars focus on pictorial embodiment and physical health or illness (Guillemin, 2004; El Refaie, 2012, 2019), mental health and illness remain under-researched. This paper examines how pictorial embodiment in a selection of international comics can either promote or hinder stereotypes and stigma surrounding mental health issues.
Methods: This paper is based on an analysis of ten graphic novels, primarily graphic memoirs, created by comic artists from Italy, France, Spain, Britain and the United States. These graphic pathographies were selected based on topic, author role (protagonist, caregiver, friend) and country of origin to create a diverse sample of Graphic Medicine works. The analysis focuses on how the specific technical features of comics can be used to portray not only the lived experience of mental health problems, but also their social effects.
Results: The analysis of the selected body of work highlights the effectiveness of irony, exaggeration, visual metaphors and the use of colour in representing alterations in consciousness, mood, perception of self and others, and social representations and reactions to them. The pictorial embodiment provided by comics enables us to understand how manifestations of mental health conditions are still perceived as deviance and associated with moral culpability, a perception that is internalised by those concerned. However, these individuals can also challenge stigmatisation and resist social devaluation by sharing their perspectives and personal experiences.
Discussion: The pictorial embodiment of comics conveys the ambivalence of mental health issues by emphasising internalised stigma while also demonstrating the ability to resist it. These two tendencies can coexist within the same experience, creating conflicts that do not necessarily need to be resolved. Nevertheless, when using these expressive tools, the potential for reactivating traumatic experiences through images must be considered.

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The potential of comics and visual storytelling to improve health narrative

361 Author(s): Eszter Szep, Masood Masoodian
„Representing depression in contemporary comics from the New Europe“

As Williams (2015) notes in the definitive *Graphic Medicine Manifesto*, “The imaging of diseased bodies remains central to medicine for both diagnostic and educational purposes”. In particular, the representations of dysfunctional, “dys-appear[ing]” (El Refaie, 2012, 62) and sick bodies have been studied extensively by scholars of graphic pathographies. The focus of many of these studies have been on the concepts of embodiment and visual metaphor – see, for example (El Refaie, 2019; Szép, 2020; Watson, 2021; Miers, 2025).

Studies targeting the representations of depression are relatively less common in graphic medicine. Ellen Forney’s (2012) now canonical graphic novel, *Marbles: Mania, Depression, Michelangelo, and Me* (2012), is one of the best-researched examples of visual narratives of depression. There are, however, many other examples of depression being represented in visual narratives. For instance, at the very beginning of the graphic novel boom, in Art Spiegelman’s *Maus* (1985, 1990), we find the character of Anja, who suffers from depression.

This presentation focuses on ways in which depression is represented by and with bodies, their interactions, as well as with the negative space around them. More specifically, we map strategies and catalogue tools for representing depression in comics from the New Europe (Kuhlman and Alaniz, 2020.), a cultural and geographical region that is underrepresented in graphic medicine. We present findings from the analysis of graphic focalization techniques, narrative threads, and the iconography of bodies, and provide close readings of comics by female comics artists from Eastern Europe: Eszter Szép ‘s (2023) *Weekdays*, Petra Lilla Marjai’s (n.d., ongoing) *Deli of Delusions*, Anna Krztoń’s (2018) *Pull Yourself Together* (Weź się w garść), and Anna Benczédi’s (2023) *What’s That On Your Arm* (2023).

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Work, mobility, and mental health in times of uncertainty I

198 Author(s): Veerle Buffel, Sarah Van De Velde, Philippe Bos, Richard Caceres
„Mental health and unemployment: the relevance of descriptive and injunctive social norms“

Introduction: Unemployment represents not only a labor market status but also a condition of social uncertainty, where individuals may experience ambiguity regarding social roles. Beyond financial strain, societal norms and value judgments surrounding work shape the psychological experience of unemployment. Prior research suggests these experiences are socially contingent: unemployment is reported as less distressing in contexts where it is more common or less stigmatized. Most studies rely on evaluative measures of well-being, such as life satisfaction, which are susceptible to adaptation and normative self-presentation. Depressive symptoms provide a more sensitive indicator of internalizing mental health problems. While many studies focus narrowly on work-related norms, societal context is multidimensional, encompassing both descriptive norms (prevalence of unemployment) and injunctive norms (attitudes towards unemployment (benefits)).This study examines associations between individual unemployment and depressive symptoms across European countries, emphasizing the role of societal norms.
Methods: Data were pooled from three waves of the European Social Survey (waves 6, 7, 11; 2012, 2014, 2023), including approximately 83,000 working-age respondents across 28 countries. Depressive symptoms were measured with the CES-D8 scale and dichotomized to indicate elevated symptoms. Employment status was categorized as employed, unemployed, inactive due to sickness/retirement, or other. Country-level proxies for norms included actual and perceived unemployment rates (descriptive) and aggregated negative attitudes toward the unemployed and preferred strictness of unemployment benefits (injunctive). Multilevel logistic regression models with random slopes for employment status tested cross-level associations.
Results: Preliminary results indicate that depressive symptoms are more common among unemployed respondents, with moderate variation across countries. Patterns vary by societal norms: higher unemployment rates are associated with smaller differences in depressive symptoms between employed and unemployed individuals, largely due to an increased prevalence among the employed. Conversely, stronger negative attitudes toward the unemployed correspond with larger differences, primarily because depressive symptoms are higher among the unemployed.
Discussion: These findings underscore the relevance of multidimensional societal norms for understanding mental health in contexts of unemployment. Preliminary results suggest that both descriptive and injunctive norms relate to the distribution of depressive symptoms, highlighting the importance of social context in shaping mental health during labor market uncertainty.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Work, mobility, and mental health in times of uncertainty I

269 Author(s): Karl Gauffin
„Negotiating exhaustion – a study of a diagnosis in transformation“

Introduction: Across many Western societies, stress-related mental ill-health has become a key concern in working life. In Sweden, exhaustion disorder was introduced as a psychiatric diagnosis in 2005 and has since played a central role in organising care, sick leave, and responsibility for work-related distress. At the same time, the diagnosis has been contested and is scheduled for removal from the Swedish diagnostic system in 2028. This transition offers a unique opportunity to examine how mental health problems are problematised under conditions of diagnostic uncertainty, shifting labour market demands, and institutional change.
Methods: The study applies qualitative text analysis to a corpus of Swedish medical periodicals, professional journals, and policy documents published from the early 2000s onwards. Guided where appropriate by the “What is the Problem Represented to be?” (WPR) approach, the analysis examines how exhaustion is constructed as a problem, which assumptions about causation and responsibility are mobilised, and which solutions are proposed. Particular attention is paid to shifts over time in how work, individual vulnerability, and institutional responsibility are articulated.
Results: Three overlapping phases can be identified. (i) *Stabilisation (2002–2010):* the diagnosis is introduced and gradually normalised in medical discourse, framed as a response to external pressures in an increasingly demanding work environment. (ii) *Validation and contestation (2011–2022)*: efforts are made to clinically validate the diagnosis, while critics question its evidentiary basis. Rising incidence, particularly among women, fuels debates about structural drivers such as work intensification, organisational change, and gendered expectations. (iii) **T***ransformation and diagnostic vacuum (2023-2026)* growing awareness of the diagnosis’s forthcoming removal generates uncertainty. Discussions shift towards alternative classifications, digitalised care practices, and the redistribution of responsibility across healthcare, employers, and welfare institutions.
Discussion: Exhaustion disorder has functioned not only as a clinical label but as a site where broader tensions in contemporary working life are negotiated. Its planned removal reveals how psychiatric categories both stabilise and unsettle institutional arrangements. This development marks the beginning of a new phase of diagnostic renegotiation, in which existing arrangements for care, work capacity assessment, and social insurance are likely to be reconfigured.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Work, mobility, and mental health in times of uncertainty I

282 Author(s): Rose Xueqing Zhang

„When success feels hollow: Mechanisms linking overwork to embodied harm among Chinese white-collar workers“

Introduction: While extensive quantitative research links long working hours to poor health outcomes, we know far less about how overwork becomes embodied as harm. Existing studies often treat health as a measurable endpoint and working hours as a discrete exposure. This study shifts attention from outcomes to mechanisms, asking: How does overwork erode well-being in everyday life? And through what social processes does workplace strain translate into physical and psychological distress? Focusing on Chinese white-collar professionals working under normalized long-hour regimes, this research conceptualizes health as a lived and negotiated experience shaped by institutional, temporal, and cultural forces.
Methods: This study draws on 85 in-depth semi-structured interviews conducted between May 2023 and August 2024 with white-collar employees working more than 50 hours per week in non-state-owned enterprises. Participants (aged 23–42; 63 women, 22 men) span industries including technology, finance, consulting, and advertising. Interviews explored work routines, health experiences, family life, and coping strategies. Transcripts were coded using abductive analysis in NVivo, combining deductive theoretical frameworks with inductive thematic development to identify recurring mechanisms linking overwork to embodied harm.
Results: Findings identify two interrelated mechanisms. First, time poverty erodes health indirectly by eliminating time for sleep, medical care, social connection, and recovery. Participants described insomnia, stress-eating, “revenge bedtime procrastination,” and shrinking relational networks as adaptive responses to temporal deprivation. Second, institutional constraints normalize excessive labor and moralize suffering through inflated performance metrics, hierarchical authority, and coerced “voluntary” overtime. These structures cultivate guilt, self-blame, and disillusionment, extending stress beyond the workplace. Gendered and age-based expectations—particularly the “age-35 cutoff” and pressures surrounding marriage and motherhood—intensify both mechanisms.
Discussion: Overwork harms health not merely through long hours but through socially organized processes that render exhaustion meaningful and, at times, virtuous. By foregrounding mechanisms of embodiment, this study advances a sociological understanding of overwork as a system of regulation that converts structural pressure into lived bodily strain. Moving beyond outcome-oriented models, it highlights how institutional and cultural contexts shape how stress is internalized, negotiated, and endured.

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Work, mobility, and mental health in times of uncertainty I

298 Author(s): Zaharija Porchu, Dina Maskileyson, Øyvind Nicolay Wiborg
„Trajectories of depressive symptoms among older immigrants in Europe: A gendered analysis“

Depression is highly prevalent among older adults and represents a leading cause of disability and poor health worldwide. As Europe's population ages and growing numbers of immigrants settle and grow older in their host societies, understanding inequalities in middle- and late-life mental health becomes increasingly important. Research on immigrant health has frequently focused on the Healthy Immigrant Effect; however, evidence on mental health trajectories remains inconsistent and is largely based on cross-sectional studies. Moreover, longitudinal research on older immigrants, particularly with attention to gender differences in later-life mental health, remains limited.
This study investigates trajectories of depressive symptoms among older immigrants in Europe and Israel and compares them to those of non-immigrants, with particular focus on gender disparities. We use longitudinal panel data from waves 1, 2, and 4–9 of the Survey of Health, Ageing and Retirement in Europe (SHARE), covering individuals aged 50 and older across 28 European countries and Israel. Depressive symptoms are measured using the EURO-D scale. To estimate within-person changes in depressive symptoms over age, we apply fixed-effects panel regression models that control for both observed and unobserved time-invariant characteristics. We include interactions between age and immigrant status to assess differences in trajectories, and stratify all analyses by gender.
Preliminary findings indicate that depressive symptoms follow broadly parallel age-related trajectories among immigrants and non-immigrants, providing little evidence of divergent slopes. However, immigrants consistently report higher levels of depressive symptoms across all observed ages. Immigrant women exhibit the highest levels of depressive symptoms throughout later life, and gender gaps are more pronounced within the immigrant population.
Overall, the findings suggest that inequalities in late-life depression stem primarily from persistent differences in levels rather than age-related changes. These results point to enduring structural and cumulative disadvantages that disproportionately affect older immigrants, particularly immigrant women.

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Discrimination and mental health III

300 Author(s): Rose Rickford, Amy Ronaldson, Mel Ramasawmy, Andrea Martinez, Harpreet Sihre, Khaula Ali, Paramjit Gill, Hanna Frith, Madiha Sajid, Areeba Shahab, Lydia Poole
„Depression diagnosis and ethnic inequality“

Depression is a leading cause of ill-health worldwide.[1] There are demographic differences in rates of diagnosis. Women are twice as likely to be diagnosed than men,[2] while there is evidence that some global majority/minority ethnic groups are less likely than White people to be diagnosed with and treated for depression.[3] Concern about overdiagnosis and treatment is widespread, but these differences suggest the possibility of a more complex picture of inequity, which may include both over-and under-diagnosis and treatment. Diagnosis of depression is based on Western-developed diagnostic classifications of diseases, which outline the symptoms recognised as indicative of depressive disorders.[4] If different groups/populations experience different symptoms, this could be implicated in different rates of diagnosis. Differences in symptom patterns would also raise questions about the underlying ontology of depression, whether it represents a ‘real’ universalisable disease, and how current diagnostic criteria operate as socio-politically and culturally situated practice.
This paper explores ethnic differences in depression symptoms. Analysis draws on a scoping review of symptoms among the South Asian diaspora, an analysis of ethnic differences in depression diagnosis and symptom patterns using UK Biobank data, and a qualitative interview study with people of South Asian heritage (n=55) living with depression in Britain.
Findings indicate that most minority ethnic groups in Britain are less likely than White British people to be diagnosed with depression, and that there are ethnic differences in patterns of symptom presentation. Our detailed exploration of symptoms among people of South Asian heritage indicate widespread experience of symptoms which are not captured in diagnostic frameworks, and thus may not be picked up by healthcare professionals as indicative of depression. This may help explain lower rates of diagnosis. These findings problematise depression as a universal diagnostic category, and point to a need to consider how the theory and practice of depression diagnosis operate within the context of racialised and gendered power structures. They also highlight a need for practical changes in diagnostic practice to help ensure equitable access to support for mood-related distress.

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Discrimination and mental health III

314 Author(s): Mira Fey, Leona Hakkaart-van Roijen, Neil Mac Dhonnagáin, Adam McBride, Jeff Moore, Stijn Peeters
„Re-thinking access to mental health care for LGBTQI+ Communities: Applying the Levesque framework in Ireland“

Introduction: LGBTQI+ populations experience significantly poorer mental health outcomes than the general population, driven by minority stress, discrimination, and structural exclusion from health and social care systems. While inequalities in mental health outcomes are well documented, less attention has been paid to how access to mental health care is produced, constrained, or negotiated in practice. We address this gap by applying and extending the Levesque et al. access-to-care framework (2013) to mental health services for LGBTQI+ people in Ireland. The aims of the study are (1) to identify access barriers to mental health care for the LGBTQI+ population in Ireland as well as related solutions, and (2) to better understand how LGBTQI+ people experience and navigate mental health care access in Ireland while potentially facing discrimination.
Methods: The study draws on the Irish case within the EQUICARES Horizon Europe project, using a mixed-methods design. Data collection includes surveys and reflective diaries with LGBTQI+ service users, alongside expert interviews with policymakers, service providers, researchers, and community organisations. Analysis is explicitly structured around Levesque's conceptualisation of access as the interaction between service characteristics (approachability, acceptability, availability, affordability, appropriateness) and population abilities (to perceive, seek, reach, pay, and engage). The framework is adapted to foreground mental health care trajectories and the role of stigma, cultural adaptation, and trust in shaping access.
Results: Data collection is currently underway, with an aim for completion by March 2026. Findings will likely illustrate unique access barriers to mental health services faced by the LGBTQI+ community in Ireland. The qualitative data will provide an in-depth case study of their experiences of accessing mental healthcare, while the quantitative data will illustrate generaliseable access barriers as well as related solutions. The expert interviews will highlight current shortcomings and good practices that might be transferrable to other settings.
Discussion: By applying the Levesque framework to LGBTQI+ mental health, this paper offers a novel analytical lens that moves beyond utilisation or outcomes alone, highlighting how discrimination operates across both service structures and user capabilities. The Irish findings will likely inform recommendations for more equitable, LGBTQI+-affirmative, and accessible mental health systems.

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Discrimination and mental health III

322 Author(s): Samantha Davis, Rebecca Rhead, Tassia Oswald, Laia Bécares, Jayati Das-Munshi
„Discrimination as a Mechanism Underpinning Mental Health Inequalities by Sexual Identity: Longitudinal Evidence from the UK“

Introduction: Mental health inequalities by sexual identity are well established, yet there is limited longitudinal, population-based evidence quantifying the extent to which discrimination helps explain these inequalities. Addressing this gap is critical for prevention and for efforts to reduce structural inequities in population mental health.
Methods: Using four waves (2019-2024) of the UK Household Longitudinal Study, we examined patterns of mental health inequality by self-reported sexual identity. Mental distress was assessed using the GHQ-12, and discrimination (past 12 months) across multiple domains. Longitudinal regression models described inequalities over time. Parametric causal mediation analyses estimated how much of the observed inequalities in later mental distress by sexual identity could be attributed to discrimination.
Results: Experiences of discrimination were common (41%) and more commonly reported by sexually minoritised groups than heterosexual groups, particularly among bisexual people. Average mental distress scores were higher among sexually minoritised groups, with the largest inequalities observed for bisexual people. Longitudinal analyses suggested that these inequalities persisted over time, occurring alongside a general worsening of mental distress in the population. Causal mediation analyses indicated that discrimination accounted for a meaningful share of mental health inequalities, with the proportion linked to discrimination varying across sexual identity groups (5-30%).
Discussion: Discrimination is common and harms mental health. Evidence suggests social support can reduce distress but is unlikely to fully offset harm. Prevention strategies must prioritise eliminating discrimination, alongside strengthening support networks, to tackle health inequalities among LGBQ+ communities.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Discrimination and mental health III

340 Author(s): Oliver Clackson Bonnington

„Challenging stigma where it matters: Depression-related stigma as practice assemblages, and strategies for their reconfiguration“

Introduction: Research and campaigns often frame depression-related stigma as a problem of attitudes or “awareness,” overlooking how stigma is enacted through everyday practices and organisational assemblages across work, welfare, healthcare, families, friendships, and intimate relationships. This paper foregrounds such practices and assemblages, examining how people diagnosed with depression experience, anticipate, and navigate stigma, and the anti-stigma strategies they propose in settings that matter most to them.
Methods: This UK sample comprised 22 adults with a primary diagnosis of depression: 9 depression self-help group facilitators and 13 people who attended self-help groups or were recruited via snowballing. Data were generated through in-depth qualitative interviews. Analysis was thematic and abductive, informed by sociological theories of stigma and oppression alongside practice-oriented and relational approaches. The analysis focused on encounters, institutional routines, and social practices through which distress was recognised, normalised, medicalised, or dismissed, and on participants’ assessments of anti-stigma interventions. Ethical approval was obtained.
Results: Participants described depression as heterogeneous and often difficult for others to perceive or understand. Distress frequently went unrecognised by others until severe, leading to delayed care and everyday dismissal. Stigma was more often anticipated than overt, especially in employment, prompting concealment and highly strategic disclosure. Discrimination emerged through constellations of organisational procedures, welfare assessments, workplace norms, and interactional expectations that constrained participants’ credibility and transferred interpretive power away from them. Diagnosis could legitimise distress and facilitate access to care, yet medicalised and normalising narratives could reduce experience, minimise severity, or responsibilise individuals for their recovery. Participants outlined practice-assemblage strategies to challenge stigma: Pluralising knowledge of depression; Fostering witnessing and sensing practices; Enabling safer conditions for disclosure; Prioritising meaningful contact in relationships that matter; Reconfiguring workplace structures and practices; and, Improving health service access, resourcing, quality and peer advocacy.
Discussion: This study shows how stigma operates through routine practices of devaluation and marginalization. Anti-stigma efforts centred on awareness-raising or promoting disclosure risk reproducing responsibilisation unless they address the practice arrangements and relationships in which stigma is enacted. Effective strategies should target how depression is understood, how experience is acknowledged and responded to, and how context-specific practices are organised.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Discrimination and mental health III

350 Author(s): Piotr Laskowski, Łukasz Kiszkiel, Paweł Sowa, Karol Kamiński
„Conspiracy beliefs, institutional trust and mental health in times of prolonged uncertainty (2021–2025)“

The COVID-19 pandemic generated not only a public health crisis but also a prolonged period of epistemic and institutional uncertainty. In our previous nationally representative study conducted one year after the outbreak in Poland (N=1000), conspiracy beliefs were strongly associated with lower trust in expert-based institutions, vaccine hesitancy, and substantially reduced adherence to public health guidance. Conspiracy believers reported significantly higher psychological distress (P-score), while differences in subjective well-being (WHO-5) and social functioning (S-score) remained small. This dissociation suggested that conspiracy beliefs may be linked to elevated emotional strain without immediate deterioration in broader psychosocial functioning.
The present study extends this work by examining how conspiracy beliefs, institutional trust, and mental health co-evolve across four survey waves conducted in 2021, 2022, 2024, and 2025. Each wave is based on representative random-quota samples of approximately 1,000 adults, enabling repeated population-level monitoring of depressive symptoms (PHQ-9), anxiety (GAD-7), well-being (WHO-5), quality of life (Q-LES-Q-SF), loneliness, vaccination attitudes, and trust in institutions. In addition, repeated participation of a subset of respondents allows the assessment of within-person change across waves.
This dual design—combining large-scale repeated cross-sectional surveys with an embedded longitudinal component—offers a novel opportunity to investigate whether the psychological distress gap previously observed between conspiracy believers and non-believers represents a transient crisis effect or a mechanism contributing to longer-term divergence in mental health trajectories.
Building on earlier findings that distrust in international and expert-based institutions was the strongest predictor of conspiracy beliefs, we examine three interrelated processes: (1) the temporal association between conspiracy beliefs and depressive and anxiety symptoms; (2) the role of institutional trust as a structural determinant of both epistemic mistrust and mental health vulnerability; and (3) the mediating role of loneliness in linking distrust and conspiracy beliefs to psychological distress.
By integrating epistemic attitudes with repeated, population-representative mental health data collected over four years, this study provides a rare opportunity to move beyond short-term crisis analyses. It contributes to understanding how institutional distrust and conspiracy beliefs become embedded in longer-term patterns of psychological vulnerability and social inequality in times of prolonged uncertainty.

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Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health III

341 Author(s): Mateo Farina, Sara Martino, Andrea Riebler, Anna Zajacova
„Education and age gradients in cognitive difficulties across U.S. States, 2008–2022“

Introduction: Educational inequalities in health are a central mechanism of cumulative (dis)advantage across the life course, yet less is known about how cognitive difficulties are evolving across U.S. states. This study examines age- and education-specific trends in self-reported cognitive difficulties among U.S. adults from 2008 to 2022, with attention to diverging trajectories between education groups.
Methods: We used data from the American Community Survey (2008–2022) covering U.S. adults. Education-stratified Lee-Carter models are used to examine changes in reporting cognitive difficulties by state, year and age group. Analyses compared adults with and without a college degree to assess inequality patterns and their evolution over time.
Results: Reports of cognitive difficulties increased nationally, with the largest rises among younger and midlife adults. Adults with a college degree maintained a lower overall likelihood of cognitive difficulties than their less-educated peers; however, they experienced a relatively faster increase over the study period. Increases were widespread and not concentrated in specific states.
Discussion: The findings point to worsening cognitive health across the United States alongside persistent educational disparities. The combination of stable education gradients and faster increases among the more educated suggests shifting—but not disappearing—inequalities. These patterns are consistent with emerging processes of cumulative disadvantage in cognitive health and may signal growing mental health burdens across the adult life course. Continued monitoring is needed to understand the drivers and long-term implications of these diverging trajectories.

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Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health III

351 Author(s): Łukasz Kiszkiel, Piotr Laskowski, Sowa Paweł, Karol Kamiński

„From uncertainty to adaptation? Long-term trajectories of mental health, loneliness and quality of life in a post-pandemic population (2021–2025)“

The COVID-19 pandemic generated prolonged social uncertainty, disrupting social relations, economic stability, and everyday routines. While early research documented elevated psychological distress during the acute crisis phase, far less is known about how mental health evolved in the medium term and whether uncertainty translated into durable social inequalities. Did populations adapt, or did trajectories of well-being diverge over time?

This study draws on four survey waves conducted in 2021, 2022, 2024, and 2025, each based on representative random-quota samples of approximately 1,000 adults. The repeated cross-sectional design enables annual population-level monitoring of depressive symptoms (PHQ-9), anxiety (GAD-7), subjective well-being (WHO-5), quality of life (Q-LES-Q-SF; WHOQOL-BREF), and loneliness. In addition, a longitudinal subsample of 430 individuals participated in all waves, creating an embedded panel component that allows the examination of within-person change over time.

This dual design constitutes a novel analytical opportunity in the context of post-pandemic mental health research. First, repeated cross-sectional analyses allow assessment of whether aggregate levels of distress and well-being stabilize, recover, or shift toward a new equilibrium. Second, longitudinal modelling (latent growth curve models and trajectory clustering) enables identification of distinct individual-level trajectories, such as resilience, recovery, delayed distress, or chronic deterioration.

The study tests the hypothesis of cumulative (dis)advantage by examining whether mental health trajectories diverge along socio-structural lines, including education, economic status, household composition, and place of residence. Particular attention is given to loneliness as a potential mediating mechanism linking structural disadvantage to depressive and anxiety symptoms over time. By integrating structural determinants with repeated psychosocial measurement, the project moves beyond short-term crisis assessment and addresses the longer-term stratifying effects of uncertainty.

By combining large-scale population monitoring with longitudinal trajectory analysis, this study offers a rare four-wave perspective on post-crisis adaptation. It contributes to debates on diverging health trajectories and cumulative inequality in times of uncertainty, highlighting how collective disruptions may reshape the social distribution of mental health beyond the immediate emergency phase.

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Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health III

366 Author(s): Anna Christin Makowski, Rieke Barbek, Tobias Huber, Bernd Löwe, Ansgar W. Lohse, Kerstin Maehder, Yvonne Nestoriuc, Gudrun Schneider, Stefan Schneider, Christoph Schramm, Meike Shedden-Mora, Sonja Ständer, Anne Toussaint, Antonia Zaopf, Olaf von dem Knesebeck

„Intersectional inequalities in somatic symptom severity: a trans-diagnostic MAIHDA analysis of SOMACROSS data“

Persistent somatic symptoms are common and contribute substantially to population health burden. However, the intersectional social patterning of somatic symptom burden remains insufficiently understood. This study examined inequalities in somatic symptom severity across intersections of gender, educational attainment, and migration history.
Utilizing a trans-diagnostic patient sample (including the diagnoses primary biliary and primary sclerosing cholangitis, ulcerative colitis, irritable bowel syndrome, chronic kidney disease, pruritus, and somatic symptom disorder; N=1,254) pooled from five research projects of the SOMACROSS research unit, we applied Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA). Gender, history of migration (German-speaking sample), and education were included as indicators of social inequalities. Symptom severity was assessed using the Patient Health Questionnaire 15 (PHQ-15).
The sample was predominantly female (62.4 %), 81.8% reported no history of migration, and participants were on average 52.2 years old (SD = 16.6). MAIHDA results revealed that social inequalities in somatic symptom severity operate primarily through additive main effects rather than multiplicative interactions. Gender displayed the strongest associations with these inequalities, followed by education, with higher burdens among females and those with lower educational levels, while only weak associations were observed for history of migration.
The predominantly additive pattern suggests that interventions targeting individual social determinants may be effective across multiple intersectional groups, supporting a strategy of proportionate universalism. The presence of differences across intersectional strata, irrespective of primary diagnosis, underscores the importance of monitoring health inequalities through an intersectional lens to ensure equitable outcomes.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Diverging trajectories and compounding inequalities: cumulative (dis)advantage in health III

364 Author(s): Anthony Nunnery, Kristen Berg, Douglas Gunzler, Khalid Sossey-Alaoui, Nicholas Riley, Douglas Einstadter, Adam Perzynski
„Association between area deprivation, comorbidity burden, and depression in a mammography cohort“

Background: This study examines the macrosocial forces shaping mental and physical health by evaluating the relationship between neighborhood-level deprivation—measured by the Area Deprivation Index (ADI)—and clinical depression in a large clinical cohort of MetroHealth Systems patients. The driving force of this analysis was to investigate how structural disadvantage is associated with depression diagnosis and multiple comorbid health conditions.
Methods: Using a retrospective, cross-sectional design, we analyzed data from 29,619 patients in a mammography screening cohort. We constructed a composite SDOH score via principal component analysis (PCA) to capture individual-level social needs as answered by patients in the clinical setting (social disconnection, housing instability, stress, intimate partner violence, transportation inaccessibility, food insecurity, and financial strain risk). Multivariable logistic regression models modeled the association between ADI and depression, adjusting for age, race/ethnicity, marital status, insurance type, comorbidity count, and the SDOH-PCA composite.
Results: In this cohort, 22.48% of patients (M age = 58.90, SD = 0.85) were diagnosed with clinical depression and on average had 2.6 (SD = 2.13) comorbid conditions. In fully adjusted models, depression was positively associated with ADI. Compared to patients in the least deprived neighborhoods (Quintile 1), those in the most deprived (Quintile 5) had 1.33 times the odds of depression (95% CI: 1.19-1.46, $p < 0.001$). This association persisted after adjustment for individual-level social needs, which itself was strongly associated with depression (OR = 1.26, 95% CI: 1.24–1.28, $p < 0.001$). Patients with depression had a significantly higher comorbidity burden, with 8-fold higher odds of having five or more co-morbid health conditions (OR = 8.07, 95% CI: 7.41–8.78, $p < 0.001$).
Conclusion: In this population of patients undergoing breast cancer screening, neighborhood deprivation is robustly and independently associated with depression, even after accounting for individual social needs and demographic factors. These findings highlight the importance of structural factors in mental health disparities and suggest that area-level disadvantage may compound the challenges of managing both mental and physical health conditions.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Inequalities in preventive practices III

295 Author(s): Vladimir Jolidon, Sorana Toma, Cornelia Wagner, Sarah Devos, Katrijn Delaruelle, Piet Bracke, Claudine Burton-Jeangros, Stéphane Cullati
„Who attends the dentist? An intersectional analysis of dental service use in the UK“

Introduction: Socioeconomic gradients in dental service use are well documented, with lower socioeconomic groups attending less regularly than more advantaged groups. Evidence from the UK also indicates ethnic inequalities in dental attendance, with several minority groups reporting lower utilisation than White populations. However, most studies examine socioeconomic position and ethnicity separately, overlooking how multiple social positions may intersect to shape patterns of dental care use. Migration status is also rarely examined alongside these dimensions, despite its relevance for inequalities in dental service utilisation. Consequently, intersectional analyses of dental attendance in the general population using nationally representative data remain limited.
Methods: We applied Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA), a quantitative method for examining intersectional inequalities, to data from 28,150 respondents aged 16 and above in the 2022 wave of the UK Household Longitudinal Study (UKHLS). The outcome was self-reported dentist visit in the past 12 months. We estimated inequalities across strata defined by sex, migration status, ethnicity and education level.
Results: Dentist attendance varied markedly across strata, with the lowest predicted uptake observed among foreign-born South Asian men without university education (29.8%) and the highest among UK-born White women with university education (64.4%). Overall, inequalities were largely additive, with disparities primarily explained by the combined contributions of social dimensions rather than multiplicative effects. Strata with attendance significantly below the overall population average were predominantly composed of South Asian individuals across combinations of gender, migration status and education. In contrast, White individuals with university education, regardless of gender or migration status, had the highest uptake. Although migration status contributed to stratification patterns, inequalities were more consistently structured by ethnicity than by migration status. More granular analyses further identified Pakistani and Bangladeshi men as the groups with the lowest predicted attendance.
Conclusion: By identifying population subgroups with consistently lower dental attendance, this study moves beyond single-axis approaches and demonstrates the value of intersectional methods for uncovering inequalities in service use, providing evidence to inform strategies aimed at improving equitable access to dental care.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Inequalities in preventive practices III

320 Author(s): Ángel Ramón Zapata Moya

„Testing fundamental meta-mechanisms in socioeconomic inequalities in the adoption of preventive practices“

Introduction: Fundamental Cause Theory (FCT) posits that socioeconomic status (SES) remains persistently associated with health through differential access to and use of flexible resources. Freese and Lutfey (2011) proposed four meta-mechanisms through which this relationship may be reproduced: (1) intentional use of health-oriented resources, (2) spillovers from close social networks, (3) socially structured health-related preferences, and (4) institutional agency. However, empirical operationalisation of these constructs remains limited. This study advances the measurement and validation of these meta-mechanisms and explores their analytical relevance for examining socioeconomic inequalities in the adoption of multiple preventive practices, in conjunction with the Diffusion of Preventive Innovation framework.
Methods: Data derive from the “Healthy Cultural Scenes” project (PID2019-103853RA-I00). A face-to-face Computer-Assisted Personal Interviewing (CAPI) survey was conducted between February and May 2024 in six major Spanish cities (Madrid, Barcelona, Zaragoza, Valencia, Seville and Málaga), yielding 2,083 interviews (approximately 340 per city) using census-tract sampling. The meta-mechanisms were operationalised through item batteries capturing economic investment and use of social prestige in support of health, social network characteristics and dynamics, risk-related preferences and lifestyles, and interactions with institutional agents. Exploratory factor analyses and reliability tests assessed dimensional structure and internal consistency. Indicators were also defined to measure adoption of preventive practices linked to health knowledge, biomedical innovation and screening programmes.
Results: Current findings focus on the metric properties of the constructed scales. Preliminary analyses indicate factorial structures broadly consistent with the theoretical dimensions and acceptable internal consistency. Preliminary parallel mediation models (PROCESS for SPSS) will be presented to examine the relative contribution of each meta-mechanism to SES inequalities in preventive practice adoption.
Discussion: Findings are discussed in relation to the theoretical assumptions underpinning the confluence between FCT and the Diffusion of Preventive Innovation model (Zapata-Moya, Willems & Bracke, 2019; Zapata-Moya, Freese & Bracke, 2023), providing a framework for analysing how preventive knowledge and innovation may shape the social reproduction of health inequalities.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Inequalities in preventive practices III

367 Author(s): Christopher Kofahl, Berit Lieske, Mohammad Mousazadeh, Ghazal Aarabi
„Oral health literacy among adults and children in Germany“

Introduction: Oral health literacy (OHL) is a key factor in appropriate oral health behaviour and, consequently, in good oral health. To measure OHL, suitable instruments must cover the relevant dimensions of OHL with sufficient discriminatory power and sensitivity to changes.
Methods: As part of the project ‘Healthy Teeth for All: Promoting Oral Health Literacy from Young to Old (MuMi+)”, we developed the Oral Health Literacy Profile for adults (OHLP-v2) and for children (OHLP-Kids). Both instruments comprise various sub-dimensions such as oral health behaviour and knowledge, subjective oral health, and fears and concerns in the context of dental treatment. The OHLP-v2 includes additional items on the German health care system. Using these instruments 1,085 adults and 1,024 children aged 10 to 15 inclusive were surveyed across Germany between 19 May 2025 and 8 July 2025. Socio-demographic data consists of sex, age, educational level, migration history of both parents, employment status, health care insurance, house-hold size, and house-hold net-income. For the adolescents socio-demographic data was provided by their parents.
Results: Multivariate analyses reveal highly significant associations among adults between the OHLP and the predictors of subjective oral health, dental service utilisation, gender, migration history, net equivalence income, and, to a lesser extent, personal migration experience. Among children, strong associations with the OHLP-Kids are evident, particularly regarding the use of dental visits and ‘affinity for the dentist’. Parental education, gender and subjective oral health still show significant but small effect sizes, whilst net equivalence income and migration history show no significant associations.
Discussion: Whilst intersectional social inequalities in oral health and OHL are still relatively pronounced among adults, these are only found in a weakened form or even not at all among children. This can be interpreted as a success of dental prevention and integration. However, a bias towards positive results is likely as these surveys required advanced German language skills and did not capture immigrants with insufficient German proficiency and poor integration.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Inequalities in preventive practices III

325 Author(s): Justyna Klingemann

„Support, safety, and significant others: A sociological perspective on post-discharge suicide prevention“

Introduction: The period immediately following discharge from psychiatric inpatient care is associated with a markedly elevated risk of suicide. The CLASP program was designed by Miller, Gaudiano & Weinstock as a transitional, post-hospital intervention to maintain continuity of care for patients after a suicide attempt and to actively involve close others in the recovery process. This presentation focuses on how patients and their close others experience participation in the CLASP program and how they perceive its role in providing support and safety in everyday life after hospital discharge.
Methods: The study was conducted between September and December 2025 using a qualitative approach based on individual in-depth interviews with CLASP participants from three Mental Health Centers in Poland involved in the pilot implementation of the program. Eighteen interviews were carried out with patients (n = 12) and close others (n = 6). The interviews were analyzed thematically, with particular attention to experiences related to support, safety, and coping in the post-discharge period.
Results: Participants consistently described CLASP as a source of reassurance, continuity, and the sense that “someone is there” during a time of heightened vulnerability. Regular contact with a clinician, individualized safety planning, and monitoring of early warning signs were perceived as key components of the program. CLASP was often experienced as a buffer between inpatient treatment and subsequent outpatient care. The perceived impact on suicidal ideation varied, with participants emphasizing both changes in suicidal thoughts and greater preparedness to manage crisis situations. Close others highlighted improved communication, increased awareness of warning signs, and feeling more supported themselves.
Discussion: Importantly, the presentation will also address key limitations emerging from participants’ accounts, as well as broader challenges related to implementing CLASP—an intervention originally developed in the United States—within a different organizational and socio-cultural context.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Inequalities in preventive practices III

352 Author(s): Christian Janssen, Christoph Geigl

„Health locus of control beliefs in German older adults: A multivariable analysis in regard to socio-economic status, health behaviors and health-related quality of life“

Introduction: Managing our mental and physical health is a way to manage ageing societies. Therefore, it is critical to understand what influences health and health related behaviors in older age. The Health Locus of Control Scale (HLC; Wallston et al. 1978), referring to the extent persons believe their health is caused by internal or external factors, impacts our health (behaviors) in many ways. The aim of the present study is to investigate associations between HLC and socio-demographic and socioeconomic determinants, HLC and health-related quality of life, and HLC and health behavior in individuals aged 65 years and older. For the present study the following four dimensions of perceived control over personal health were used: 1) self-mastery (SMA), 2) self-blame (SBL) 3) powerful others (POW) and 4) chance (CHA). Item and answer categories followed the requirements of a Likert-Scale-Format (german edition: Janssen et al. 2000).
Methods: Cross-sectional, full survey and paper & pencil (response rate: 33.1 %, n=1.687) data of the “Healthy Municipality Project” in Puchheim near Munich was used to conduct this analysis. Linear multivariate regression models were performed to assess associations between HLC, socio-demographic and socio-economic determinants, health behavior and health-related quality of life.
Results: All dimensions emerged out of confirmatory factor analysis (Geigl et al. 2022) with Cronbach´s alpha ranging from .6 to .8. An internal health locus of control, physical activity, social support, and income are positively associated with good physical and mental health related quality of life (HRQOL), external health locus of control and age are negatively associated with both. Alcohol use and educational level are positively associated only with good physical HRQOL, while female gender is negatively associated with good mental HRQOL. All associations are significant with $p<.05$ and models accounted for 34 % resp. 18 % of variance with HLC showing the biggest impact.
Discussion: These results highlight the importance of HLC in HRQOL and health behaviors and provide valuable insights to develop tailored health interventions for older adults: Positive believes, physical activities and social contacts are key issues. Our findings may also be transferable to other municipalities in metropolitan areas of high-income countries.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Migrant mental health and healthcare utilization

125 Author(s): Amina Yakhlaf, Sarah Van de Velde, Veerle Buffel
„Family first? Migration background and preferences for family involvement in mental health decision-making in Belgium“

Introduction: In times of growing social and institutional uncertainty, mental health care increasingly involves navigating competing norms of autonomy, care, and responsibility. While patient autonomy is a foundational principle of Western healthcare systems, sociological research suggests that migration histories and religious worldviews may support more collective approaches to decision-making. This tension is particularly salient in mental health, where stigma, moral uncertainty, and vulnerability shape expectations about care. This study examines how migration background and religious affiliation influence preferences for family involvement in mental health decision-making in Belgium.
Methods: We use data from The Social Study, a nationally representative survey of the Belgian population (N = 5,485). Analyses focus on a vignette-based module on cancer and depression (n = 1,324), in which respondents evaluated hypothetical scenarios varying by disease type and severity. Participants reported their preferences regarding physician–patient communication and the involvement of family members in medical decision-making. Multivariate regression models assess associations with migration background, religious affiliation, educational attainment, and satisfaction with the healthcare system.
Preliminary results: Religion emerges as a central determinant of preferences for family involvement. Catholic respondents consistently express stronger support for family participation across both mental and somatic health scenarios. Migration background further differentiates attitudes: first-generation non-EU migrants and EU migrants report higher preferences for family involvement than non-migrants, particularly in cases of minor depression. In contrast, non-religious respondents and individuals with higher education levels show stronger support for patient autonomy and direct communication between physicians and patients. Satisfaction with the healthcare system is positively associated with support for both physician engagement and family involvement, indicating that institutional trust facilitates shared decision-making.
Discussion: Across all groups, family involvement is more strongly endorsed in severe illness than in mild conditions, underscoring the role of perceived vulnerability and uncertainty. By highlighting how migration, religion, and trust intersect, this study contributes to the ESHMS theme “Mental Health in Times of Uncertainty” by showing how social positioning shapes responses to illness-related ambiguity. The findings underscore the need for culturally responsive mental health policies that accommodate diverse moral frameworks while safeguarding equitable and effective care in pluralistic societies.

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Migrant mental health and healthcare utilization

309 Author(s): Yuting Wen
„Mismatches in mental health support: value-driven help-seeking among UK Chinese international students“

Chinese international students are experiencing high levels of mental health risk compared to domestic students in China. However, UK Chinese international students (UKCIS) are often underrepresented in UK mental health services. This suggests a mismatch between UKCIS mental health needs and UK mental health support. Help-seeking behaviour serves to predict the willingness to seek formal support. However, the help-seeking behaviour of UKCIS remains under-researched. Thus, this study aims to explore the factors affecting the help-seeking behaviour of UKCIS to understand how the UK support system meets the needs of this group.
This study adopts semi-structured interviews to capture the perceptions and experiences of UKCIS regarding formal help-seeking behaviours. Early findings suggest UKCIS undergo self-negotiation when they encounter mental health distress. For some participants, mental health distress excessively influences their emotions, impeding their social functioning. Thus, they need to tackle their emotional issues. Other participants think their mental distress is aroused by intersected unsolved issues, such as essay writing or other pragmatic concerns. Both groups highlight the self-negotiation process of examining what type of issues they are facing. Once they have identified what kind of support they need, they tend to make value judgements about whether to receive support and how useful it would be. In this value judgement process, emotion-focused participants are more likely to seek support, while problem-solving oriented participants are reluctant to receive support because they think therapists cannot solve their practical issues. Moreover, therapists' limited understanding of UKCIS' cultural background sometimes leads to unmet needs.
To conclude, UKCIS' help-seeking behaviour is shaped by their self-negotiation and value judgement processes. Moreover, UK mental health support sometimes fails to match the mental health needs of UKCIS. This explains the mismatches between UKCIS needs and UK mental health support provision.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Migrant mental health and healthcare utilization

319 Author(s): Imen El Amouri, Tihomir Sabchev, Mario Braakman, Conny Rijken, Regina den Otter

„Victimization and mental health trajectories: A 12-month longitudinal study of asylum seekers in the Netherlands and Greece“

Introduction: Asylum seekers' and refugees' mental health is shaped not only by pre-migration trauma but also by post-migration victimization and living difficulties. Drawing on expanded conceptualizations of victimization that encompass social harm beyond criminal acts, we examine how post-migration stressors and victimization shape mental health trajectories, and how risk and protective factors influence these associations.
Methods: We conducted a 12-month longitudinal survey with asylum seekers in the Netherlands and Greece (N=218 at T1, N=40 at T12) employing validated measurement instruments (K10, PC-PTSD-5, PMLDC, BRS, and BTQ) as well as several open-ended questions pertaining to experiences of criminal and non-criminal victimization. Data was collected via an online messaging tool.
Results: The planned analyses will focus on how experiences of victimization and post-migration stressors shape mental health trajectories, investigating risk factors (baseline trauma, ongoing living difficulties) and protective factors (resilience, hope) that influence these associations. Associations are examined in relation to different policy contexts (Netherlands and Greece).
Discussion: This preliminary work will provide evidence on how post-migration victimization and structural stressors shape asylum seekers' mental health trajectories over time. By integrating criminal and non-criminal forms of harm and comparing two national contexts, the study aims to inform policies and interventions that reduce post-migration victimization and strengthen protective resources such as resilience and hope.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Migrant mental health and healthcare utilization

339 Author(s): Fernanda Sousa-Duarte

„Avoiding colour-blindness: The racialisation of trust, distrust and mental healthcare preferences in Brazil“

Brazil is home to the largest African diaspora in the world and, at the same time, deeply marked by racial inequalities. Psychotherapy, for example, is predominantly practised by White psychotherapists, and Black psychotherapists and researchers have been suggesting racial identification congruence in psychotherapy as a way to prevent racially insensitive interventions with Black patients. The existing literature investigating Black patients' preference for racial congruence is mostly USA-based and has shown no consensus on the effects of racial congruence in psychotherapy outcomes. However, it has been highlighting the role of cultural mistrust in shaping such preferences and, implicitly, a notion of race that is centred around 'culture'. In this study, I engage with a Global South context in which sociopolitical dimensions of race-making have been emphasised in processes of racial identification, particularly in the past 25 years, to understand the role of system- trust and distrust in the racialisation of mental healthcare preferences. Focused on the lived experiences of 24 self-identified Black Brazilian psychotherapists and patients with racially congruent psychotherapy, this ethnographically inspired qualitative research draws on in depth interviews and observations. All participants, both psychotherapists (n=19) and patients (n=5) had experiences as patients of White psychotherapists. As for racially congruent psychotherapy experiences, all patients and most psychotherapists (n=15) had been patients of Black psychotherapists. Employing interpretative phenomenological analysis, I identified three interconnected mechanisms explaining how trust, distrust and racialisation intertwine in a complex interplay of 1) broader structural transformations such as the recent shift towards stronger institutionalisation of racial categories by the Brazilian State; 2) distrust in 'whiteness' as system rather than as a racial identity in and outside of healthcare contexts and 3) negative experiences with White actors in healthcare and non-healthcare related contexts reproducing colourblind racial ideologies. In summary, this study highlights the complex interplay of micro-, meso- and macro-level factors shaping trust, distrust and preferences for racial identification congruence in mental healthcare, illuminating the role of systems and shared lifeworlds, not necessarily just shared cultures, in these processes.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Migrant mental health and healthcare utilization

357 Author(s): Herfina Nababan, Sidra Khan-Gökkaya, Tae J. kim, Núria Pedrós Barnils
„How does discrimination in healthcare settings affect unmet healthcare needs in Germany? An intersectional mediation analysis“

Background: In Germany, approximately 30% of adults report unmet health care needs (UHCN) at some point in their lives. The literature has explored underlying reasons, such as service accessibility and quality; however, the role of discrimination experiences in healthcare settings remains understudied in Germany. This study explores intersectional inequalities in UHCN due to fear of discrimination, as well as the mediating role of experiences of discrimination.
Methods: Using data from the German National Discrimination and Racism Monitor (NaDiRa) survey, which oversamples populations with a migration history, we identified 20 intersectional subgroups by combining sociodemographic categories (age: young/older; gender: men/women and other gender identities; ethnicity: Germans with a migration background (MB), Muslims, Asians, Black people, and Germans without a MB). Using an education-adjusted intersectional mediation analysis, we estimated prevalence differences (PD) in UHCN and the extent to which these are explained by experiences of discrimination within the healthcare system.
Results: The intersectional groups at highest risk of UHCN due to fear of discrimination—who also reported higher levels of discrimination—were young women and other gender identities from ethnic minority groups: Black (PD=15.24pp, $p<0.001$), Muslim (PD=11.47pp, $p<0.001$), and Asian (PD=11.40pp, $p<0.001$); as well as young men from these same groups: Black (PD=12.04pp, $p<0.001$), Muslim (PD=9.51pp, $p<0.001$), and Asian (PD=9.27pp, $p<0.001$). Furthermore, at the same level of discrimination, young people from ethnic minority groups were less likely to report UHCN than older German men without MB, suggesting heterogeneous responses to discrimination.
Conclusions: Young individuals from ethnic minority groups experience the highest levels of discrimination in healthcare settings in Germany and report the highest rates of UHCN due to fear of discrimination. The apparent resilience of these groups should not be interpreted as a positive adaptation, but rather as a forced response to a system that systematically discriminates against them. Routine surveillance of healthcare access measures that indicate discrimination, such as UHCN due to fear of discrimination, would help assess how well the German healthcare system serves and adapts to its increasingly diverse population.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Student mental health and higher education

134 Author(s): Antje Römhild, Alfons Hollederer
„The relationship between depression severity, deviation from the standard study period, and dropout intentions among university students: A longitudinal analysis“

Introduction: The COVID-19 pandemic was associated with educational, social, and financial challenges for tertiary students worldwide [1]. Consequently, the prevalence of depressive symptoms has increased, reaching 34% of the student population. Depression is associated with difficulties in study organization, workload management, and social interactions, which may lead to prolonged study duration, study interruptions, and increased dropout risks [2]. However, the relationships between students' mental health, use of psychosocial counseling, social interactions and academic performance remain insufficiently explored [3]. In light of the aforementioned context, the study examines the predictive values of depression severity (Patient Health Questionnaire Depression-PHQ-9), use of psychosocial counseling and social interactions on the deviation from the standard study period and dropout intentions [4].
Methods: A total of 3300 students at the University of Kassel, Germany were surveyed at baseline in March 2022. The follow-up survey was conducted in March 2023. After eliminating dropouts and missing values, the final sample consisted of 500 students who participated at both time points. Longitudinal data were used for multiple linear regression analyses.
Results: Analyses revealed a significant adverse predictive value of the PHQ-9 ($\beta = -0.082$; $p < 0.05$) on the deviation from the standard study period. The analyses found also significant positive predictive values for both the PHQ-9 ($\beta = 0.190$; $p < 0.001$) and examination grades ($\beta = 0.108$, $p < 0.05$) in predicting dropout intentions. Furthermore, the study could not confirm that interactions with fellow students and lecturers, or psychosocial counselling, had any significant predictive value with regard to the outcomes.
Discussion: The findings emphasise the significance of mental well-being in promoting academic success and mitigating the risk of dropout from higher education. A networked approach in higher education, involving students, faculty, counselling services and health management, is recommended to improve students' mental health and social interactions, and to encourage more students to utilise available support services.

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Parallel Sessions 3 (Thursday, 20th of August 2026, 09:00 a.m. – 10:30 a.m.)

Student mental health and higher education

139 Author(s): Emilia Niedźwiecka, Jakub Tomczyk, Iga Włodarczyk, Alicja Karwowska
„Through the forest to health – non-pharmacological interventions improving mental well-being of medical students as a potential element of suicide prevention and postvention support.“

Introduction: In response to concerning results from a nationwide survey conducted among Polish medical students, the project “Through the Forest to Health” was developed. Its aim was to use structured contact with the natural environment as a complementary, non-pharmacological approach aimed at strengthening psychological resilience and addressing factors associated with increased suicide risk. The project was based on the assumption that structured contact with nature may positively influence emotional well-being.
Methods: The study included a nationwide survey conducted among over 1600 students from 24 Polish universities. The intervention included four forest-based activities (educational walk, canvas painting, team game, and outdoor physical activity) aiming to reduce stress, enhance agency, and promote social interaction - key protective factors in both suicide prevention and postvention. The effectiveness of the intervention was assessed using questionnaires based on POMS, completed before and after each activity. Statistical analysis included the chi-square test of independence and the Mann-Whitney U test.
Results: The results confirmed high psychological burden, with 20% reporting a formal depression diagnosis and up to 40% meeting DSM-5 criteria, compared with 35.7% in the age-comparable general population. About 20% of respondents reported suicidal thoughts accompanied by a specific plan. 2/3 of these individuals had never contacted a mental health professional. The results of the interventions demonstrated improved mood, reduced negative emotions, increased relaxation, and enhancement of well-being. Participants reported a greater willingness to engage in discussion and social integration, which may contribute to suicide risk reduction.
Discussion: These results indicate an urgent need for accessible non-pharmacological suicide prevention and postvention. Overall, structured group-based contact with nature appears to be an effective non-pharmacological mental health intervention. Importantly, they should be understood as complementary to professional treatment. Such interventions may enhance existing care pathways by increasing engagement, lowering barriers, and supporting recovery and resilience. Additionally, they can be incorporated into academic activities or promoted within universities as part of a broader strategy to support students' mental well-being.

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Student mental health and higher education

145 Author(s): Jennifer Lehnchen, Laura Pilz González, Christiane Stock, Zita Deptolla, Julia Burian, Katherina Heinrichs

„I would like to see health to become an even higher priority – Findings from expert interviews on student mental health surveys at German universities“

Introduction: The increase of mental health problems among university students is recognised as a concern that extends beyond the individual to institutional and societal levels. In times of political, social, and financial uncertainty, expectations from universities to take responsibility for students' mental health are growing. Measuring and monitoring students' mental health alone does not necessarily result in action or address underlying structural problems. While individual-level responses such as counselling are important, this study examines how responsibility and accountability for student mental health can be constructed and negotiated within the universities and how data are used for institutional change.
Methods: We conducted 23 semi-structured, problem-centred interviews with 28 experts (23 university professionals and five students) from 16 German universities in 2024. All participants were involved in the planning and/or implementation of the student mental health survey 'Bielefeld Questionnaire on Study Conditions and Mental Health' and/or deriving interventions. Data were analysed using template analysis to examine operational and organisational processes related to the collection and use of survey data, with barriers and facilitators used as analytical categories to understand institutional dynamics.
Results: Our results indicate that the use of student mental health data is shaped by institutional context. Organisational structures and university size affect survey implementation and the distribution and coordination of responsibilities, and smaller universities were described as having flatter hierarchies but fewer financial and staff resources. These resource constraints were found to restrict the scale of data collection and the capacity to translate findings into institutional actions. Moreover, competing interests and differing priorities often impeded decision-making whereas shared perspectives among university stakeholders enabled collective actions.
Discussion: Student mental health is an institutional concern, yet clear responsibility and accountability are often missing. Whether survey data inform institutional actions depends on leadership engagement and prioritisation. When embedded in organisational processes, survey data can challenge and transform structural conditions, functioning as a basis for evidence-informed action, as well as a means of navigating institutional expectations and uncertainty. Strengthening institutional accountability and embedding data use within decision-making structures is crucial for shifting student mental health from an individual concern to a shared organisational responsibility.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Comparative research on occupational health: new analyses and methodological developments

199 Author(s): Nico Dragano
„Comment on theoretical and methodological approaches to comparative occupational health research“

This contribution opens the organised session “Comparative research on occupational health: new analyses and methodological developments”. It frames the presentation of three empirical studies that will follow in the session.
First, the basic assumptions of comparative research are outlined. In principle, the health-related working and employment conditions of employees (micro level) are strongly influenced by the structures and social configurations of the contexts in which they work. Examples of such contexts and their characteristics range from company-level management, safety culture, and organisational practices to broader occupational safety, social, and labour market policy frameworks at the national level (macro level).
Understanding these contextual influences is crucial, as many measures aimed at improving occupational health are implemented precisely at these higher levels. Regulations, laws, or national programmes to promote occupational health primarily aim to modify contextual conditions in order to achieve effects at the individual level. Empirical studies that examine whether and how diverse working contexts are associated with occupational health can therefore provide important information for businesses, stakeholders, and policymakers regarding potential strategies to improve occupational health.
However, the methodology of comparative research is challenging. In this workshop, new empirical analyses will be presented and discussed, including country-comparative and approach-comparative perspectives, with a specific focus on the potential influence of national structural characteristics on individual occupational health. This introductory lecture outlines the methodological approaches in this field of research, summarises key findings from previous studies, and discusses major methodological challenges. These range from limited data availability and comparability to the typically small number of higher-level units (e.g. countries) available for analysis. Newer approaches to mitigate these problems will also be presented, such as combining different higher-level units or generating nested data structures at the company level.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Comparative research on occupational health: new analyses and methodological developments

200 Author(s): Mariann Rigó, Morten Wahrendorf, Nico Dragano
„Workplace preventive measures and employee outcomes: Does country-industry context matter?“

Introduction: Musculoskeletal disorders (MSDs) are among the most widespread occupational health problems in Europe and represent a major source of reduced work ability, productivity losses and early labour market exit. Their high prevalence across sectors and countries, combined with population ageing, has intensified interest in workplace measures aimed at mitigating physical and psychosocial risks associated with MSDs. Despite their policy relevance, empirical evidence on how such measures shape employee outcomes remains limited, largely due to the lack of linked data on workplace practices and individual health. This study contributes to this line of literature by operationalizing organizational preventive measures as contextual variables.
Methods: Our analysis combines individual-level survey data on 24,709 employees in 27 European countries with country-industry-specific contextual indicators capturing the prevalence of workplace measures addressing musculoskeletal and psychosocial risks. Two binary outcomes are examined: self-reported MSD complaints and intentions to retire early. To account for the hierarchical data structure and unobserved contextual heterogeneity, multilevel logistic regression models with random intercepts for countries and industries are estimated. All models control for a broad set of individual sociodemographic and job-related characteristics.
Results: The findings indicate that most of the variation in both outcomes is explained by individual characteristics. Nevertheless, meaningful contextual heterogeneity is observed. Approximately 4 - 5% of the unexplained variation in MSD complaints and 7 - 8% of the variation in early retirement intentions are attributable to country-level factors, with a comparable share due to differences between industries within countries. The prevalence of MSD-specific workplace measures at the country-industry level is not significantly associated with either outcome after accounting for individual characteristics and contextual heterogeneity. In contrast, a higher prevalence of psychosocial risk - mitigating workplace measures is associated with a significantly lower likelihood of reporting early retirement intentions.
Discussion: The results suggest that workplace preventive practices may play a more important role in shaping labour market behaviour than in reducing reported MSD complaints. In particular, psychosocial risk-mitigating measures are associated with lower early retirement intentions, underscoring the relevance of national and sectoral contexts for understanding retirement-related outcomes in ageing workforces.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Comparative research on occupational health: new analyses and methodological developments

323 Author(s): Morten Wahrendorf

„Mental health decline and work retention: Do occupational safety and health measures make a difference? Evidence from SHARE–ESENER linked data.“

Introduction: The increasing number of early labour market exits due to poor mental health has led to growing policy interest in occupational safety and health (OSH) measures as a potential tool to address these challenges. This study investigates the employment histories of workers who experience a decline in mental health beyond age 50 and compares them to matched workers without such a decline. We further assess heterogeneity by gender and individual wealth, and explore potential differences by contextual information on occupational safety and health (OSH) measures.
Methods: The analyses rely on individual-level data from nine waves (2004–2022) of the Survey of Health, Ageing and Retirement in Europe (SHARE) across 28 countries. This data is linked to contextual information from three waves (2014–2024) of the European Survey of Enterprises on New and Emerging Risks (ESENER), capturing the prevalence of OSH measures at the wave–country–sector level that address psychosocial risks and return to work practices. Mental health decline is identified through two measures: a newly reported increased number of depressive symptoms and the initiation of antidepressant medication. Propensity score matching, applied separately for men and women, identifies matched control without a mental health decline from the same country.
Results: For both men and women, the results suggest a decline in employment participation when experiencing a mental health decline, particularly during the transition into poor mental health. The decline appears particularly pronounced for men who start with antidepressant medication. Neither wealth nor OSH measures seem to mitigate the health-related decline in labour market participation – but we find some support that matched control without a mental health decline are more likely to remain employed in a context of well-developed OSH measures.
Discussion: Overall, while employment declines clearly following mental health decline among older workers, the role of OSH measures in buffering this effect remains inconclusive and warrants closer attention in future research that also addresses their potential role in preventing mental health decline among working populations.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Comparative research on occupational health: new analyses and methodological developments

330 Author(s): Insa Backhaus-Hoven
„Intersectional inequalities in psychosocial working conditions and health: Evidence from Europe“

Background: The fast-changing socio-political, economic and technological circumstances have led to changes in the work environment. We present trend analyses on intersectional inequalities in psychosocial working conditions and health.
Methods: We analyzed cross-sectional time-series data from the 2010 and 2015 European Working Conditions Surveys and the 2020 Living, Working and COVID-19 survey (total n = 93,183). To examine intersectional inequalities, we estimated three-way multilevel regression models including gender, age, and educational attainment.
Results: Our analyses indicate that educational attainment is a key factor associated with intersectional inequalities in psychosocial working conditions and mental health, both prior to and during the COVID-19 pandemic. Stressful working conditions and poor mental health were most prevalent among young women with only primary education.
Discussion: The findings suggest that inequalities in health and working conditions are complex and multifaceted. They appear to be an outcome of overlapping and intersecting sociodemographic determinants. Therefore, policies and future studies should apply an intersectional lens, which takes into account the cumulative nature of different workplace risks to health for disadvantaged population groups.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Work, mobility, and mental health in times of uncertainty II

307 Author(s): Yi-Ting Wang, Yawen Cheng
„Associations between precarious employment and health outcomes among workers aged 50 and over in Taiwan: Evidence from a national survey“

Introduction: Taiwan government has implemented policies to encourage older workers to participate in the labor force. This includes the stipulation of fixed-term contracts for workers aged 65 and over. Precarious employment can be regarded as a form of flexibility; however, it may also entail certain risks and may be disproportionately distributed among older workers. This study aimed to explore the prevalence and risk factors of precarious employment, and its associations with health outcomes among workers aged 50 and over in Taiwan.
Methods: The 2016 government national survey was used. A total of 3,195 employed workers aged 50 and over were included in the analysis. Precarious employment was assessed using a single question regarding the contractual relationship with employers. Those in contract-based, temporary or part-time employment were categorized as precarious, while those in permanent employment were categorized as non-precarious. Health outcomes were assessed using self-rated health, mental health, personal burnout and work-related injuries or diseases experienced in the past year. Psychosocial work hazards were also collected in the survey. The associations were examined using chi-square tests, t-tests and multiple logistic regression.
Results: 22.63% of employees were in precarious employment. Compared to those in non-precarious employment, precarious employees were older, had a lower level of education and occupation, and a higher proportion of working in a small company. Furthermore, they experienced higher levels of physical job demand and lower levels of job control and workplace justice. They were also more likely to report poor self-rated health and mental health, personal burnout, and work-related injuries or diseases in the past year. Regression analyses showed that workers aged 60 and over, unmarried, divorced or widowed, had a lower occupational level and worked for a smaller company were significantly more likely to have precarious employment. Those in precarious employment were significantly more likely to report poor self-rated health and mental health, but not personal burnout or work-related injuries or diseases in the past year.
Discussion: When promoting labor force participation among older workers and stipulating fixed-term contracts for them, we must also pay more attention to older workers in precarious employment and its potential risks.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Work, mobility, and mental health in times of uncertainty II

310 Author(s): Yawen Cheng

„Managing psychosocial health risks in large enterprises in Taiwan: A mixed-methods study with managers“

Background: Psychosocial health risks have been a central occupational health concern. In Taiwan, the Occupational Safety and Health Act was revised in 2013 to impose responsibilities on employers to prevent health risks at work due to inappropriate work arrangements and unlawful intrusion. In 2025, the act was further revised to include a new chapter specifically aimed at preventing workplace bullying. This study examined managers' views and experiences regarding psychosocial health risks in the workplace.
Methods: The investigation consisted of two parts. The first part involved a survey of large enterprises in Taiwan. The goal was to understand the views and practices of enterprises regarding psychosocial health risks in the workplace. A total of 151 managers completed an online questionnaire. The second part included in-depth interviews with 12 managers to gain a deeper understanding of their perspectives and experiences in addressing psychosocial work hazards and workers' mental health issues.
Results: Of the surveyed managers, 85 (56.3%) indicated that employees' mental health status was assessed, and 71 (47.0%) indicated that psychological hazards in the workplace were regularly monitored. Of them, 90 (59.6%) considered "organizational management factors" to be the most important form of psychosocial work hazards, followed by "heavy workloads" (58.3%) and "interpersonal issues" (42.4%). The interviews revealed that, while most managers supported the occupational safety and health regulations, they faced several barriers. These included a workplace culture that prioritizes productivity and financial returns over employee health, a hierarchical organizational structure, a lack of support for occupational health from top management, and inadequate knowledge of the assessment tools necessary for evaluating workplace conditions.
Conclusion: Many countries have developed regulations and policies to address psychosocial health risks in the workplace. However, there were systematic barriers to effective implementation.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Work, mobility, and mental health in times of uncertainty II

318 Author(s): Lisa Grielens, Sara De Bruyn, Jochen Devlieghere, Koen Ponnet, Edwin Wouters
„From strain to exit: Understanding turnover of childcare professionals“

The childcare sector is facing persistent staff shortages and high turnover rates. The profession is characterized by demanding working conditions, high levels of stress and emotional exhaustion, all of which can negatively affect the mental health of childcare professionals contributing to the decision to leave. The consequences of quitting extend beyond the individual childcare professional, affecting the remaining staff, children in the childcare centre, and parents seeking childcare services.
To date, research has predominantly focused on the turnover intentions of currently employed childcare professionals, overlooking the experiences of those who have already exited the profession. This focus is limited, as people expressing intentions to leave do not necessarily do so, and therefore turnover intention and actual turnover should be considered as distinct constructs.
The present study adresses this gap by qualitatively investigating the decision-making processes leading up to turnover framed within the Job Demands–Resources (JD-R) model combined with a life-course perspective. While the JD-R model explains how imbalances between job demands and available resources may lead to strain and disengagement, integrating a life-course perspective acknowledges that such processes unfold over time and are shaped by transitions in personal life, career stage, and broader social contexts. A preparatory study drawing solely on the JD-R model indicated that limited collegial support and high child-to-staff ratios are experienced as key demands negatively shaping intentions to leave.
In this study we conduct in-depth interviews with (1) professionals who left the childcare sector entirely, and (2) professionals who transitioned between childcare settings. Using a Grounded Theory approach, we will inductively identify patterns and develop a conceptual model of turnover trajectories. This approach enables a more nuanced understanding of turnover as a gradual and multifaceted phenomenon rather than a single event.
The findings are expected to offer critical insights for developing targeted retention strategies and improving working conditions to ensure the sustainability of the childcare workforce.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Work, mobility, and mental health in times of uncertainty II

331 Author(s): Netta Feldman Gilboa, Paula Feder-Bubis
„Wellbeing under pressure: A review of wellness interventions for non-surgical resident physicians.“

The uncertainty inherent in medical training - shaped by evolving healthcare demands, organizational pressures and global challenges - places resident physicians at particular risk for mental health difficulties. Resident-physicians' well-being is often compromised in light of their high-stress working environment, their evolving professional skills, and work/life balance challenges. As wellbeing is shaped by complex, interconnected influences, effective wellness approaches recognize the need to address personal needs, institutional barriers, and systematic issues. Following the Accreditation Council for Graduate Medical Education requirements, wellness initiatives were incorporated into residency curricula. We aimed to describe initiatives implemented in non-surgical medical residency programs and examine their contribution to improving residents' wellness.
A scoping-review was conducted, searching for wellness interventions implemented in non-surgical residency programs worldwide. Four databases were searched for relevant articles published from 2013 to 2025. Preferred Reporting Items for Systematic Reviews guidelines were used to manage the scoping-review.
Forty articles were found eligible for review. Most interventions reported in these articles originated in the United States, with a marked increase in 2019. The interventions tackled wellness focusing on various definitions and aspects, thus operationalized wellness in different ways. However, only a few addressed multiple dimensions of wellness. Many interventions were implemented in emergency and family medicine residencies. Only a few initiatives were resident-driven or co-created with residents. Post-interventions' wellness follow-up was undertaken mostly up to one year following intervention implementation. Not all the programs reviewed reported significant success in improving residents' wellbeing.
In an era of growing uncertainty, resident physicians' mental health has become an urgent professional and institutional concern. Since wellbeing is multidimensional, interventions aiming to enhance wellbeing need to address several dimensions or encompass a variety of implementations, each focusing on particular components of wellbeing. Wellness interventions effectiveness may be boosted by considering the residents' evolving needs as they progress in their professional development, the residency program particularities, and the overall socio-cultural context in which the health system operates. Wellbeing programs should be ongoing, driven by residents or co-constructed with them. Addressing mental health in times of uncertainty requires moving beyond good intentions towards sustained, systematic, and resident-centered approaches to wellness.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Critical perspectives on health, knowledge, and society

255 Author(s): Andy Guise, River Ujhadbor, Simone Helleren, Lotte Elton
„The abandonment of people who use drugs in south London, UK: an ethnographic case study of systemic stigma and discrimination“

Introduction: This paper analyses a case study of public drug use and its stigmatisation in south London, UK. The analysis aims to develop theory on structural and systemic stigma and ongoing debates on the role for power in these; our approach is to synthesis literatures from anti-racism literature, Bourdieu's theory and complexity theory.
Methods: Within a longitudinal ethnographic study in south London, UK we report on processes of stigmatisation. We have collected data through interviews with people experiencing homelessness, people working in different homelessness and health and related services, conducted observations in care and support settings, gathered documentary sources, as well as conducted a survey.
Results: We argue that the stigmatisation of public drug use in south London is the emergent property of multiple system components interacting; these interactions produce the abandonment of people who use drugs. We locate experiences of public drug use within specific housing policies and policing practices in south London that create feedback loops that reproduce stigmatisation. Here we draw on concepts of institutional stigma, institutional discrimination and dysfunction, to understand how different system components – not all of them directly discriminatory – produce overall discriminatory outcomes in terms of abandonment. The final aspect of our analysis is to use Bourdieu's concept of habitus to describe an additional form of structural stigma, and so through this bringing agency and strategy to the forefront of how structural and systemic stigma are understood.
Discussion: We explore the implications of this analysis first for local approaches to addressing stigma: especially on how addressing stigma may need to anticipate feedback loops across systems: for example, initial efforts to resource and enable services and housing, may in turn mobilise other parts of the system to change. We also consider the broader applicability of the theoretical model presented and our innovation of delineating different structures relating to stigma, both those institutionalised and then those encoded in habitus.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Critical perspectives on health, knowledge, and society

354 Author(s): Tugba Özcan

„Embodied uncertainty in Türkiye: Reproductive pain, diagnostic delay, and the co-production of mental distress“

In times of uncertainty, mental health is often discussed in relation to global crises, economic instability, or social transformation. Yet uncertainty is also produced within clinical encounters. This paper examines how prolonged diagnostic delay in women's reproductive health generates a distinct form of embodied uncertainty that becomes a sustained mental health condition.

Drawing on feminist qualitative fieldwork conducted in Türkiye (2021–2024), including in-depth interviews with highly educated, economically secure, urban women who have consistent access to private and public healthcare, the study challenges explanations that attribute delayed diagnosis to lack of access or information. Participants reported years of inconclusive consultations, normalization of severe pain, and gendered assumptions linking reproductive symptoms to marital or maternal status. These experiences did not merely prolong physical suffering; they destabilized bodily trust, generated chronic anxiety, and produced self-doubt regarding the legitimacy of one's own pain.

Building on feminist theories of embodiment and the concept of epistemic injustice, I argue that biomedical reductionism produces structural uncertainty by privileging measurable pathology over lived experience. Mental distress in this context is not secondary to physical illness but co-produced within medical systems that marginalize subjective knowledge. Uncertainty becomes embodied as women internalize diagnostic ambiguity and institutional disbelief.

Revisiting George Engel's biopsychosocial model, the paper proposes that reproductive pain must be understood as a site where biological processes, epistemic hierarchies, and affective life intersect. A biopsychosocial reframing does not simply add "mental health" to clinical care; it reveals their inseparability and offers a framework for addressing the intertwined physiological and psychological dimensions of uncertainty in women's health. In this sense, reproductive pain reveals how modern medicine itself may generate mental vulnerability.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Critical perspectives on health, knowledge, and society

174 Author(s): Lily Slanickova

„Contested pain: Fibromyalgia and the politics of uncertainty“

Introduction: This paper considers fibromyalgia as a ‘contested’ biomedical category reflecting its ongoing uncertainty. It examines how its meaning, legitimacy and materiality have been enacted in the UK over the last three decades. Fibromyalgia is a chronic pain condition with no consensus regarding aetiology, treatment, symptomology or care, resulting in its characterisation as a ‘contested illness’. Although not exclusive to a particular gender, its diagnosis is significantly higher among those identifying as women. Since its recognition by the WHO in 1992, fibromyalgia has occupied a paradoxical position within and beyond the clinic. This paper considers fibromyalgia as multiple, rather than a singular clinical entity, investigating its varied enactment through the clinic, medical research and among patient and healthcare professionals. In so doing, it situates fibromyalgia within broader tensions surrounding chronic pain, contestation and uncertainty.
Methods: Drawing on documentary analysis, it examines clinical guidelines, diagnostic criteria, policy documents and medical literature related to fibromyalgia. These materials are analysed to trace how fibromyalgia-related knowledge has been constructed, embedded and maintained through interconnected sociomedical structures. Informed by Mol’s (2002) concept of multiplicity, the analysis attends to shifts in classificatory language and conceptual framings of fibromyalgia. As part of a wider project, it traces the complicated web of meaning between the clinic, research, patient and healthcare practitioner, informaing interviews with healthcare practitioners and those identifying with fibro-like symptomology.
Results: Fibromyalgia emerges not as a singular clinical entity but as a set of ‘many fibromyalgias’. These enactments reflect unstable diagnostic criteria, disciplinary boundaries and institutional logics, as well as ongoing struggles for recognition and legitimacy within patient narratives. Uncertainty is shown to be a defining feature, shaping symptom interpretation, allocation of care and how patients’ symptoms are positioned within mental and physical health services.
Discussion: By tracing the genealogies of fibromyalgia, this paper illustrates how diagnostic categories operate as historically contingent sites through which illness, uncertainty and legitimacy are negotiated. It highlights fibromyalgias’ partial and fragmented history helping to understand how ambiguity is managed within biomedical practice and how individuals experience the consequences of contested diagnoses.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Critical perspectives on health, knowledge, and society

276 Author(s): Johanna Couvée

„To make sense of a troubled world: Intersecting critical conceptions of mental health through personal experience and professional practice“

This study examines how diverse actors engaged with mental health—experts by experience, mental health professionals, and community-based practitioners of care—interpret, negotiate, and enact understandings of mental health within contemporary institutional and everyday contexts. Drawing on interviews conducted across the United Kingdom, the Netherlands, Belgium, and France, the research adopts a comparative perspective on how mental health knowledge is socially constructed within differing care systems and sociopolitical environments. Bringing together personal experience and professional practice, the study analyzes how authority, legitimacy, and expertise are negotiated, and how individuals respond to dominant psychiatric and cultural narratives by translating these interpretations into everyday practices of care, education, and resistance.

The analysis draws on qualitative interviews with 21 participants equally distributed across three groups: (1) experts by experience whose expertise emerges from lived experience of mental health problems and service use; (2) mental health professionals working within psychiatric and psychological care systems; and (3) care practitioners engaged in artistic, activist, or community-rooted practices addressing relational, sociopolitical, and spiritual dimensions of wellbeing outside formal clinical frameworks. Despite occupying different institutional and epistemic positions, participants reflect on how institutional norms, social inequalities, and power relations shape understandings and practices of mental health.

Grounded in critical social theory and intersectionality, the study conceptualizes 'criticality' as practices of questioning, reinterpreting, or resisting hegemonic understandings of distress, diagnosis, and recovery. Semi-structured interviews explore participants' conceptions of mental health, interpretations of diagnosis, pedagogical experiences, and strategies used to negotiate or challenge established modes of care. Thematic and rhetorical analyses examine how mental health literacy is articulated and enacted as a relational, socially embedded process shaped by biography, institutional context, and broader cultural narratives.

Findings show how participants mobilize different forms of knowledge to reconcile tensions between institutionalized models of mental health and lived realities of distress and care. By empirically tracing how competing epistemologies are negotiated in practice, the study contributes to psychosociological debates on expertise, pathology, and the shifting boundaries of care, demonstrating how plural and transformative forms of knowledge reshape contemporary understandings of mental health and care provision.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

MAIHDA: advances, extensions, and applications in health research

135 Author(s): Enrique Alonso-Perez, Julie Lorraine O´Sullivan, Paul Gellert
„Phenotypic age acceleration through a lens of intersectional inequalities in the German national cohort (NAKO)“

Purpose: Biological aging differences are linked to sociodemographic characteristics, but how intersecting social dimensions shape these differences remains unclear. Integrating aging biology and intersectionality theory, we examined the joint influence of multiple social determinants on phenotypic age acceleration (biological vs. chronological age).
Methods: Using data from 173,925 participants in the German NAKO study, we calculated phenotypic age acceleration based on blood-based biomarkers and created 72 intersectional social strata based on sociodemographic factors. We assessed differences across strata using intersectional Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (I-MAIHDA).
Results: All intersectional strata displayed phenotypic age deceleration (biologically younger than chronological age). The advantage was smallest among men without migration background, living alone and with low socioeconomic status. Substantial discriminatory accuracy (7.13%) revealed intersectional inequalities, predominantly driven by additive effects. Modest interaction effects indicated increased risk for individuals with migration background not living alone and medium/high socioeconomic status and those without migration background living alone with medium/low socioeconomic status.
Conclusions: Our findings suggest that intersectional strata shape biological aging beyond chronological age, potentially through cumulative physiological effects of chronic psychosocial stress. Future epidemiological research should explore the mechanisms linking intersecting social dimensions and biological aging, designing intersectionally-informed targeted interventions.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

MAIHDA: advances, extensions, and applications in health research

158 Author(s): Anneleen De Cuyper, Sarah Van de Velde, Anne-Laure Humbert, Sofia Strid
„Beyond the ideal victim: An intersectional multilevel analysis of sexual harassment in higher education“

Sexual harassment (SH) remains a pervasive problem within higher education institutions (HEIs), affecting students and staff alike. Its consequences extend beyond individual harm, undermining victims' mental, physical, social, and economic well-being while eroding institutional credibility. Despite growing awareness, research and institutional responses remain limited due to their reliance on a narrow and stereotypical conceptualisation of the victim. SH has predominantly been framed as an issue affecting women who fit the archetype of the 'ideal victim': Young, white, cisgender, able-bodied, and heterosexual. This framing has dominated public discourse, academic research, and policy, marginalising those whose experiences fall outside this narrative and reinforcing their exclusion from research and policy-making.
By positioning gender as the primary or sole risk factor, existing research often overlooks how social positionalities - such as sexuality, ethnicity, class, and disability - are embedded within broader systems of privilege and oppression, resulting in distinct vulnerabilities and experiences of SH. HEIs, despite being spaces of knowledge production, frequently reproduce epistemic hierarchies that privilege dominant perspectives while silencing minoritised voices. Addressing these gaps is essential for developing more inclusive and effective research and institutional responses.
Therefore, this study conceptualises SH as an emergent phenomenon produced through the interaction of multiple systems of power. It draws on large-scale, secondary data from the UniSAFE project, which examined gender-based violence in 46 research organisations across 15 European countries. Using intersectional multilevel analysis of individual heterogeneity and discriminatory accuracy (I-MAIHDA), it examines how intersecting positionalities within systems of privilege and oppression affect the prevalence of SH in academia.
Previous analyses show that 16% of the variance in SH prevalence and 9% of the variance in SH frequency are attributable to differences between intersectional groups, demonstrating that SH cannot be understood solely as a 'women's issue'. Additional analyses incorporate contextual indicators of the institutional SH climate (e.g., trust, policy awareness, and tolerance) to assess how institutional context shapes observed inequalities. By centring intersectionality, this study reframes SH in academia as a structurally embedded phenomenon and supports more inclusive, context-sensitive prevention and response strategies.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

MAIHDA: advances, extensions, and applications in health research

169 Author(s): Daniel Bolander Blomberg

„How does social positions and school results influence ADHD and autism diagnosis?“

ADHD diagnosis vary based on social positions such as social class, gender, race and migration background. In the Swedish case Hornborg et al. (2023) has shown considerable heterogeneity in ADHD diagnosis where young people, men, Swedish born and people with lower income were generally more likely to receive a diagnosis, but with an intersectional effect where immigrant young boys from higher income homes were the most likely to receive the diagnosis. This study adds to this research by considering low school results as a potential source of diagnosis something other sociologist have suggested. It also contrasts ADHD with autism.

I examine, using Swedish total population data, how rates of ADHD and autism differ between 24 strata based on gender, parents' education level, migration background and results on national tests. The dependant variable is diagnosis between 10 and 16 years of age, children with a previous diagnosis are excluded. The results are analysed in both an additive and interactive model according to the AIHDA-framework with cox regression with a constant follow up time. The additive models shows that ADHD is more common among Swedish born, boys, lower educational background and failed national tests, and autism more common among Swedish born, boys low education level (no differences between medium and high) and those who failed the national tests. The interactive models show the same general trend as the additive with no difference in AUC (0.67 for ADHD, 0.63-0.64 for autism). However, it shows a reverse relationship between autism and parents' education for immigrant children where the diagnosis is more common for higher education levels.

The interactive model also shows differences in the effect of a failed national test on diagnosis, where a failed test had an increased effect on Swedish born boys and a decreased effect on immigrant girls. These results indicate that social characteristics and school results influences the likelihood of receiving a diagnosis, with a stronger effect for ADHD compared to autism. In accordance with deviance theory low school results can be considered a potential deviant act, which interpretation differs depending on the social position of the child.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

MAIHDA: advances, extensions, and applications in health research

241 Author(s): Lize Hermans, Lydia Gisle, Rana Charafeddine
„Inequalities in vitality: an intersectional analysis in Belgium between 2018 and 2023-2024“

Introduction: Vitality is a positive subjective state that encompasses both physical and psychological energy. It can fluctuate over time, helps individuals cope with difficult situations, and has a positive impact on mental and physical health (1). Research has shown that vitality varies according to sociodemographic and contextual factors, however, it is less clear how these factors interact. This study applied an intersectional approach to examine inequalities in vitality in Belgium and how these inequalities evolved over time.
Methods: Data from the Belgian Health Interview Survey of 2018 (N = 7,415) and 2023-2024 (N = 4,756) were used. The vitality score (0-100) was measured using 4 items from the 36-Item Short Form Health Survey (SF-36). Strata were defined based on age groups (15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+), sex, region of residence (Flanders, Brussels, Wallonia) and education (no secondary diploma, secondary diploma, higher education). MAIHDA was used to explore inequalities in vitality and changes between survey years.
Results: In 2023-2024, approximately 9.3% of the total variance in vitality was attributable to differences between strata. After adjusting for the main additive effects of sex, age group, region and education, 96% of the between-stratum variance was explained. Lower vitality was observed in strata including women, residents of Brussels and Wallonia, individuals with lower education, and those aged 15-64. The lowest vitality scores were found among lower-educated women living in Brussels and Wallonia, while the five highest-scoring strata comprised men aged 55 years and older, living in Flanders, with middle or higher education. Comparisons with 2018 data showed that predicted vitality scores decreased in 95% of the strata in 2023-2024.
Discussion: These findings show social inequalities in vitality linked to sex, education, region and age, with the lowest levels observed among lower-educated women living in Brussels and Wallonia. Between 2018 and 2023–2024, vitality declined in most strata. The MAIHDA results indicate that most differences between intersectional groups were explained by additive effects, suggesting that inequalities mainly reflect the accumulation of social disadvantages rather than strong interaction effects. Public health efforts should address structural determinants and prioritize the most socially disadvantaged groups.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

MAIHDA: advances, extensions, and applications in health research

291 Author(s): Philippe Bos, Edwin Wouters, Josefien van Olmen, Veerle Buffel
„Intersectional inequalities in the diabetes–depression comorbidity: A MAIHDA analysis of repeated cross-sectional data of the Belgian Health Interview Survey (2001-2018)“

Introduction: Diabetes and depression frequently co-occur, and longitudinal evidence suggests a bidirectional relationship whereby diabetes increases risk of depression and vice versa. Although both conditions exhibit steep socio-economic gradients, little is known about how their co-occurrence is distributed across intersectional socio-economic positions. This study examines (1) the social patterning of the diabetes-depression comorbidity in Belgium across intersectional positions and (2) whether the association between diabetes and depression varies across these strata.
Methods: We analysed repeated cross-sectional data from the Belgian Health Interview Survey (2001–2018) among adults aged ≥25 years (n=39,576). Diabetes was defined as self-reported diabetes. Depression was measured using antidepressant use or validated symptom scales (SCL-90-R; PHQ-9). Missing data were addressed using multiple imputation. To assess intersectional inequalities in the diabetes-depression comorbidity, we fit random-intercept MAIHDA logistic regression models with individuals nested within intersectional strata defined by gender, education, household income and migration background. To assess the association between diabetes and depression, we fitted a series of random-effect MAIHDA models with diabetes as the predictor and depression as the outcome (and vice versa), including a random effect for diabetes/depression to allow variation in the association across intersectional strata.
Results: Preliminary findings indicate a substantial clustering between diabetes and depression, with both conditions co-occurring 62% ($p < 0.001$) more frequently than expected under independence. Moreover, there was a strong social patterning of this comorbidity across social strata (VPC =11.25%). For instance, the predicted probability of having both diabetes and depression was 5.38% among women born in a non-EU country with a low level of education and household income, compared to only 0.48% for Belgian-born men with a high level of education and income. The social patterning was largely explained by additive main effects rather than interaction effects (PCV =96.4%). Finally, although there was a strong association between diabetes and depression, the random-effects analysis revealed no meaningful variation in the association across intersectional strata.
Discussion: Intersectional inequalities in the comorbidity were largely explained by additive main effects of gender, education, income and migration background, with limited residual interaction effects and no evidence of differential susceptibility in the diabetes–depression association.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Inequalities in preventive practices IV

138 Author(s): Niklas Petersen, Silke Schicktanz
„Responsibility, accessibility, and equity: Social preconditions and implications of current approaches to dementia prevention in Canada, Germany, and Switzerland“

Introduction: Dementia prevention has become a priority in medical research and public health. Various medical, social, and environmental risk factors have been identified; however, medical studies, media discourses, and health policies predominantly centre on individual-level prevention and promote personal responsibility for maintaining cognitive health. This emphasis on individual preventive efforts faces increasing criticism for being medically insufficient and for reflecting a neoliberal responsibilisation of (cognitive) ageing.
Methods: Our study is based on 64 semi-structured qualitative interviews with stakeholders involved in dementia research, care, and health policy in Canada, Germany, and Switzerland. It situates the preventive turn within contemporary ageing cultures and welfare policies. We examine how stakeholders justify both personal and governmental responsibilities for dementia prevention, drawing on a variety of epistemic, pragmatic, and normative arguments.
Results: While some stakeholders defend the focus on individual-level prevention using neoliberal and libertarian justifications as well as pragmatic reasoning, many employ evidence-based and equity-oriented arguments to advocate for combining individual-level prevention with population-level efforts. Whereas one group of stakeholders limits the role of the state to providing information and possibly education, others argue for a much more substantial role. Emphasising that individuals require sufficient resources to adopt healthy lifestyles and reduce their risk of developing dementia, they view it as the government’s responsibility to improve living conditions and reduce health disparities.
Discussion: Overall, this study highlights a growing recognition of the social and political dimensions of dementia risk reduction among stakeholders in healthcare, patient advocacy, and dementia research. In contrast to trends toward increasing medicalisation, this perspective suggests a demedicalised understanding of prevention. The preservation of cognitive health is no longer treated exclusively as a medical issue but is framed as a matter of social, environmental, and educational policies. We argue that future debates on effectively reducing dementia rates should not only focus on understanding causal links between risk factors and dementia and on the effectiveness of preventive measures, but also on political discussions of the principles and rationalities guiding health policy.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Inequalities in preventive practices IV

280 Author(s): Mariebelle Kaus, Gina Friedriszik, Samira Wolf, Claudia Buntrock, Christian Apfelbacher

„Digital interventions to strengthen mental health in Saxony-Anhalt, Germany: Acceptance, awareness, and attitudes in the general population“

Introduction: Preventive digital psychological interventions demonstrate effectiveness and enable scalable crisis support without human contact. Implementation success depends on understanding local utilization patterns, particularly use intention. Understanding awareness, attitudes, and preferences enables targeted strategies. Saxony Anhalt, a state in eastern Germany with underserved healthcare infrastructure, exemplifies a region where such guidance is needed.
Methods: This population based cross sectional survey examined acceptance, awareness, attitudes, preferred and used access routes, and current use of preventive digital psychological interventions in Saxony Anhalt. Data collection occurred in May 2024. A mixed mode approach (postal with online option) was employed. This design is particularly important when studying digital health acceptance, as offering non-digital participation methods avoids selection bias toward digitally literate respondents. Using resident registry data, 4,000 adults (18+) with 1:1 gender stratification were recruited across four regions. Measures included use intention, awareness/use, attitudes, mental health status, and eHealth literacy. Descriptive statistics of these variables, stratified by sociodemographic variables, will be employed.
Preliminary results: Of 727 participants (response rate 18%), 68% completed the paper version. Just over half were women (55%), with a mean age of 54 years (SD = 19), and 54% lived in cities with over 100,000 inhabitants. Intention to use preventive digital psychological services was rather low (M = 2.52, SD = 1.14, scale 1 to 5), with most respondents scoring below the scale midpoint. Regarding familiarity, 42% had never heard of such services, 50% were aware of them, and 8% had attempted or used one. Further findings on attitudes, access preferences, and demographic differences will be presented at the conference.
Discussion: Low awareness and acceptance of digital psychological interventions represent critical challenges in preventive practices that may widen during uncertain times when scalable support is most needed. Despite their potential to reach populations without human contact, digital interventions cannot fulfill their preventive promise if people remain unaware or hold negative attitudes. Addressing these disparities requires targeted outreach and intervention design that addresses specific concer**ns.**

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Inequalities in preventive practices IV

283 Author(s): Cornelia Wagner, Claudine Burton-Jeangros, Vladimir Jolidon, Bernadette WA von der Linden, Sarah Devos, Sorana Toma, Katrijn Delaruelle, Piet Bracke, Stéphane Cullati
„Migration and life-course patterns of preventive healthcare uptake in Europe“

Introduction: Regular primary healthcare uptake is central to disease prevention and timely treatment. While socioeconomic inequalities in preventive care are well documented, migration-related differences remain less clear, particularly from a life-course perspective. Migrants may face barriers that shape healthcare access over time. Building on prior work identifying three main life-course healthcare uptake trajectories in Europe – irregular use (“low”), regular use in later life (“medium”), and regular use throughout life (“high”) – this study examines whether migration status is associated with differences in uptake patterns across preventive services.
Methods: We used retrospectively collected life-course data from the Survey of Health, Ageing and Retirement in Europe (SHARE), including 27,960 participants aged 50+. Previously derived clusters of healthcare uptake trajectories (ages 16–65) for blood tests, blood pressure checks, vision examinations, mammography, and gynaecological visits served as outcomes. Logistic regression models estimated the odds of belonging to medium or high uptake clusters (vs. low) comparing non-native-born with native-born individuals. Models were adjusted stepwise for age, sex (where applicable), education, and age at arrival in the country (coded 0 for native-borns).
Results: Contrary to expectations of cumulative disadvantage, non-native-born individuals were more likely to belong to higher uptake trajectories. In fully adjusted models, non-native-born participants had higher odds of belonging to high uptake clusters for blood pressure (OR 1.20; 95% CI 1.04–1.40), vision (OR 1.17; 95% CI 1.04–1.32), and gynaecological visits (OR 1.48; 95% CI 1.26–1.73). They were also more likely to belong to the medium uptake cluster for gynaecology (OR 1.32; 95% CI 1.05–1.66). No significant differences were observed for blood tests or mammography. Stepwise adjustment did not meaningfully affect the estimates.
Discussion: These findings challenge assumptions of uniform migrant disadvantage in preventive healthcare. Rather than cumulative disadvantage, preventive trajectories may reflect early-life healthcare experiences, sustained healthcare engagement, and health selection, since selective migration processes, including the healthy migrant effect, may contribute to higher preventive uptake if more health-conscious or resourceful individuals are more likely to migrate. Recognizing this complexity is essential for policies addressing structural barriers without presuming homogenous vulnerability among migrant populations.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Inequalities in preventive practices IV

284 Author(s): Sarah Derveeuw, Katrien Vanthomme, Sara Willems, Sorana Toma
„Neighbourhood context and ethnoracial inequities in cancer screening uptake in Belgium“

Introduction: Neighbourhood environments shape health opportunities through unevenly distributed social, economic, and environmental conditions. In European cities, residential segregation of immigrant populations reflects broader structures of discrimination and housing constraints, contributing to spatial concentrations of disadvantage. Such contexts influence access to preventive healthcare, yet the role of segregation in shaping inequalities in cancer screening uptake in Europe remains largely unexplored. Belgium shows marked ethnoracial and socioeconomic inequities in breast, cervical, and colorectal cancer screening, but neighbourhood-level mechanisms have not been systematically assessed. This study investigates how residential segregation of immigrant and ethnically minoritised groups influences timely cancer screening participation across Belgium's largest urban areas, and whether these neighbourhood effects interact with ethnic/racialised background.
Methods: We use longitudinal administrative population data linked with the Belgian Cancer Registry (2013–2023) for residents aged 25–76 across the ten largest Belgian cities. Screening adherence is defined according to national programme intervals. Multilevel logistic regression models estimate the association between neighbourhood segregation (including co-ethnic density and socioeconomic deprivation) and timely screening uptake, adjusting for individual sociodemographic factors. Cross-level interactions assess whether effects differ between majority and ethnically minoritised populations.
Results: We anticipate that higher levels of immigrant/minoritised ethnic residential segregation will be associated with lower odds of timely screening participation, independent of individual socioeconomic status. We expect that low-segregated neighbourhoods, characterised by greater bridging social capital and more diverse information channels, will show higher uptake. Finally, we expect segregation-related disadvantages to be stronger among first-generation migrant populations.
Discussion: By integrating segregation measures with rich administrative and registry data, this study will clarify how neighbourhood spatial structures contribute to preventive cancer care inequities. Findings may identify contextual mechanisms (such as institutional invisibility, constrained service access, and uneven information flows) through which structural racism shapes preventive health trajectories.

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Parallel Sessions 4 (Thursday, 20th of August 2026, 11:00 a.m. - 12:30 p.m.)

Inequalities in preventive practices IV

294 Author(s): Hanna Rekola, Tiina Ahonen, Anna-Kaisa Vartiainen, Ismo Linnosmaa, Tommi Tolmunen, Timo Lakka, Juho Strömmer, Ulla Sankilampi, Tomi Mäki-Opas
„Who engages, who benefits? Understanding sociodemographic differences in appeal and mental wellbeing impact of wellbeing promoting apps: insights from the BitHabit digital intervention“

Introduction: Digital interventions may be effective in promoting equality in mental wellbeing. However, research shows that people adopt and engage with digital wellbeing promoting apps in diverse ways depending on their socioeconomic position. Research has shown that socioeconomic inequalities in resources, and opportunities contribute to uneven health trajectories, making it important to understand how outcomes of digital interventions are shaped by these differences. This study has investigated how different socioeconomic groups adopt and engage with a digital wellbeing promoting app, and whether socioeconomic inequalities are associated with its effectiveness.
Methods: In the PREWELL project we implemented a digital mental wellbeing intervention for working-age adults in North Savo, Finland. Rooted in the self-determination behavior change theory, the BitHabit app helps integrate wellbeing promoting habits into user's daily life based on their personal needs and own initiative. Participants (n = 1704) were recruited through random sampling and self-selection, and their health behaviors, wellbeing, and socioeconomic position were assessed at baseline and several follow-ups during a two-year period. The comprehensive app usage data was used to assess the role of socioeconomic position in adoption of, and engagement with the app using regression models. Intention to treat effectiveness analyses with multilevel linear modelling were conducted with the Short Warwick-Edinburg mental wellbeing scale (SWEMWBS) and PHQ-9 depression scale.
Results: Higher educational level (OR = 1.53; CI = 1.05-2.23), and prior use of wellbeing promoting apps (2.09; 1.50-2.92) were associated with higher probability of starting the BitHabit app use but not with further engagement frequency. Based on preliminary effectiveness results, the digital intervention had a positive impact on mental wellbeing, with gradually accumulating effects which appeared to be linked to engagement.
Discussion: Our results suggest that the app resonates unevenly with users from different socioeconomic backgrounds, and that prior app experience plays a central role in engagement. Digital wellbeing promotion should be tailored to the needs of diverse socioeconomic groups to reach individuals in disadvantaged socioeconomic positions and avoid increasing inequalities further. Future research should explore whether long-term engagement with wellbeing promoting apps differs across socioeconomic groups, and which mechanisms may shape potential differences in effectiveness.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession I

121 Author(s): Josefine Skou Jakobsen, Solvej Mårtensson, Birgitte Thylstrup, Katrine Schepelern Johansen
„How can we succeed with integrated treatment for young people with co-occurring mental illness and substance use problems? Perspectives from young service users and carers“

Introduction: Mental illness, including substance use disorders, is now the leading cause of the global disease burden among young people. Co-occurrence of mental illness and substance use disorders – commonly referred to as dual diagnosis – is particularly concerning during early adulthood, where important neuropsychological and social developmental processes take place, and may have a wide range of adverse effects that persist throughout adulthood. For decades, international research has addressed the lack of adequate treatment options for people with dual diagnosis, with a common denominator across cultural contexts: the fragmentation of the dual diagnosis treatment system. Attempting to meet the gaps in care for people with dual diagnosis, integrated treatment, i.e., integration of mental health and substance use treatment, has recently been introduced in mental health services in Denmark. This study aims to explore young service users' and carers' experiences of dual diagnosis treatment, and their perceptions of the changes brought about by the implementation of integrated treatment in mental health services throughout Denmark. It also aims to explore which factors may come to work as barriers or facilitators to realizing the potential of integrated treatment for young people in practice.
Methods: The study is based on qualitative interviews with four young service users and four carers with experiences of dual diagnosis treatment in mental health and substance use services. Data was analyzed using reflexive thematic analysis.
Results: We identified five needs to be addressed to facilitate the potential of integrated treatment in practice for young people: the need for the 'whole person' to be seen; the need for trauma-informed care; the need for coherent, intersectoral services; the need for a paradigmatic shift in mental health services' approach to substance use; and the need for developmentally informed care and early interventions.
Discussion: Perspectives of young service users and carers are crucial in shaping novel mental health interventions such as integrated dual diagnosis treatment. This study's findings highlight potential barriers and facilitators to realizing the potential of integrated treatment for young people, offering valuable insights to inform practice.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession I

184 Author(s): Jann Niklas Vogel, Hanna Hilgenhof, Ivonne Honekamp, Anne Petereit, Valerie Bühler, Chiara Kleinschmidt, Stefan Schmidt
„Discharge management and healthcare as a Co-productive process: Findings from a mixed-methods study in Mecklenburg–Western Pomerania“

Introduction: Discharge management constitutes the central interface between inpatient hospital care and subsequent ambulatory, rehabilitative, nursing and community-based services. In rural contexts, these transitions are particularly challenging, as long distances, limited local service availability and fragmented responsibilities complicate the organisation of follow-up care and create uncertainty for patients and healthcare professionals. This paper examines how discharge management in rural settings is organised from multiple perspectives and explores the role of participatory approaches in developing regional strategies for cross-sector healthcare delivery.
Methods: This paper draws on the collaborative research project NAHVERSORGT, which examines discharge management and follow-up care in rural regions of Mecklenburg–Western Pomerania and runs until September 2026. The study follows a mixed-methods design. It commenced with a scoping review and was subsequently complemented by semi-structured focus group discussions with regional stakeholders from healthcare, social services, public administration and civil society. This was followed by a statewide standardised survey conducted as a census of all hospitals in the federal state. To support the interpretation of the findings, further focus group discussions were conducted, in which key results were analysed using a structured mapping technique.
Results: The findings indicate that in rural areas, locally accessible transitional, short-term and day-care services are not consistently available, which complicates the organisation of follow-up care. Across the care pathway, a range of structural challenges become apparent, including unclear lines of responsibilities, fragmented communication practices and limited workforce capacity. Regional networks and participatory exchange formats emerge as key resources for addressing the complexity of discharge processes. In particular, strengthening coordinating roles, establishing clearer interfaces between care sectors and improving intersectoral communication were identified as central areas for further development.
Discussion: The findings indicate that discharge management in rural settings can be conceptualised as a co-productive process shaped by the interaction of multiple actors. The identified structural challenges and regional grounded solution approaches underscore the value of participatory research methods in systematically capturing diverse perspectives and further developing them collaboratively. By addressing organisational and informational uncertainty at the interface between care sectors, co-productive approaches may also contribute to more predictable and supportive care trajectories.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession I

213 Author(s): Weronika Krajewska
„Treating infertility with alternative and complementary medicine (CAM) methods. Perspectives of women and practitioners of CAM.“

Infertility affects 15% of the Polish population (Smith, 2010). Poland ranks among the lowest in Europe for treatment availability, with only 27% of conventional methods accessible ("European atlas of fertility treatment policies," 2021).
Treatment of infertility in Poland is a particularly interesting phenomenon due to its cultural context. Diagnosis of infertility is not only associated with physical ailments, but also with the inability to fulfill the role of a mother and a psychological crisis. This situation can lead to seeking solutions that offer hope, such as alternative medicine, which is used by 30% of women after 18 months of infertility diagnosis. These methods are popular for many reasons, including cultural and economic factors or the inadequacy of the healthcare system.
In my work, I decided to examine the individual experiences of women using in-depth interviews to understand their individual experiences during the treatment. To provide a more holistic view of the phenomenon, I also conducted in-depth interviews with practitioners of alternative medicine to learn about their perspective on treatment and understand the value they offer. Using the concept of risk society and the economy of hope, the analysis demonstrates how alternative medicine fills the emotional gaps left by conventional systems. The findings reveal a profound complementarity between the two groups: the unfulfilled needs of patients—such as subjectivity, empathy, and the desire for hope—are directly addressed by alternative practitioners who offer empathetic engagement and promises of certain results.
The conclusions from my research can serve as a source of inspiration for research on gendered structural barriers in medicine, the role of unconventional medicine in the healthcare system, and the importance of social support during treatment. Women's problems in managing their own health in the context of infertility may also be an expression of inequality in access to health services.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession I

217 Author(s): Eva Vangilbergen, Janneke Kuiper
„A struggle for recognition: The discourse of European Long COVID patient organizations“

Introduction: Early in the COVID-19 pandemic, it became evident that infection did not lead to a full and rapid recovery for all. A significant number of former COVID-19 patients continue to experience persistent symptoms from their initial infection, collectively referred to as Long COVID. Patient activism has been central to this illness, from coining the term ‘Long COVID’ to being heavily involved in knowledge production through online communities, documenting symptoms, and mobilizing research agendas. In their pursuit of recognition and adequate care, patients often encountered skepticism from healthcare professionals and policy makers, which contributed to the need for strong patient advocacy and the emergence of formal patient organizations. The discursive strategies used by Long COVID patient organizations in their struggle for recognition and diagnose definition are analyzed, while examining how they position themselves vis-à-vis other contested illnesses. Applying a Foucauldian perspective, their struggle is understood as a confrontation between subaltern (patients experiences) and hegemonic (formal medical knowledge) discourses.
Method: Critical discourse analysis on webtexts to unveil discursive strategies of Long COVID patient organizations, compared with other contested illnesses and a European mapping study.
Results: In the discourse of Long COVID patient organizations, particular attention is paid to the following themes: socioeconomic inequality; the prevention of psychologization by addressing structural gender bias; the long-term economic burden of Long COVID due to its chronic impact on the workforce; the urgency for multidisciplinary, experience-based research; and patient-centered care. In the discourse presented on their websites, there is largely no connection with other contested illness organizations, while the hegemonic discourse, represented by the European mapping study, is partially included in their diagnose definition.
Discussion: Long COVID patient organizations employ strategic discursive practices in a mediating role, selectively aligning with hegemonic medical discourse while foregrounding patient priorities. By integrating healthcare terminology with patient needs, they maintain a broad definition of Long COVID and ensure every patient potentially affected, will eventually receive treatment tailored to this specific condition. Their strategic positioning may serve to avoid challenges faced by other contested illnesses and heighten the perceived urgency for adequate care for Long COVID patients.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession I

219 Author(s): Eva Vangilbergen, Bram Vanhoutte, Liesbeth De Donder
„Mapping ageism through an intersectional lens: A quantitative analysis of the social study 2024“

Introduction: Ageism encompasses prejudices, stereotypes and discrimination based on someone's actual or perceived age. Experienced ageism refers to an individual's perception of being treated differently based on their age, whether positively or negatively. Not only manifest discriminatory practices, for example systemic undertreatment of older adults in healthcare, but also the perception of ageism alone can have detrimental effects on mental and physical health.
A growing body of research shows that age-based disadvantage cannot be fully understood without examining how age intersects with other axes of inequality. An intersectional approach recognizes that individuals are never defined by age alone, but also through their gender, ethnicity, (dis)ability and socio-economic status. Rather than existing in isolation, these systems of oppression may interact and reinforce one another, as an individual may hold membership to multiple stigmatized groups. To profoundly grasp the complexity of ageism, research lacks both an integrated analysis across all stages of life and attention to the diversity within these stages.
Method: Data result from the Social Study (n = 4.280), which measures experienced ageism through an eight-item scale based upon the Perceived Ageism Questionnaire. A Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy is applied to examine intersecting dimensions in relation to experiences of ageism (variables: age group, gender, ethnicity, (dis)ability status and socioeconomic status).
Results: Findings indicate that experienced ageism is most commonly reported at younger and older ages. Gender and disability status interact in shaping experiences of ageism, whereas ethnicity and socioeconomic status show no significant interaction effects.
Discussion: Experienced ageism is not uniformly distributed across the population, rather it is shaped by intersecting identities that vary over the life course. The results indicate that older women may face disproportionately higher levels of ageism compared to men of the same age, while this pattern is not evident in younger age groups. This highlights the importance of an intersectional perspective when examining experiences of age-based discrimination.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession II

230 Author(s): Laura Scholaske, Paulina Machalica, Ultrich Klocke
„Assessing active coping with discrimination: Validation of a scale in adults with a migration background from muslim-majority countries“

Introduction: In Germany, ethnic–racial discrimination is a common experience among individuals with a migration background from predominantly Muslim countries of origin. Active coping with discrimination may target different levels, including efforts aimed at addressing structural conditions as well as reactions directed at the interpersonal level. The Coping with Discrimination Scale (CDS) distinguishes between education/advocacy, reflecting strategies oriented toward structural change, and resistance, capturing responses focused on confronting discrimination at the individual level. The present study aimed to validate a German version of these two subscales.
Methods: The education/advocacy and resistance subscales were translated from English into German using a committee-based approach. Two online surveys were conducted. Study 1 included 193 participants with a migration background from predominantly Muslim countries of origin. Study 2 comprised 137 participants with a migration background from Türkiye. Participants completed the education/advocacy and resistance subscales of the CDS along with measures of ethnic–racial discrimination, general coping strategies, ethnic identity, and mental health and well-being.
Results: Exploratory (Study 1) and confirmatory factor analyses (Study 2) supported the proposed two-factor structure of the ten-item scale. Both subscales – education/advocacy and resistance—showed high internal consistency. Associations of the two subscales with discrimination experiences provided further evidence for construct validity. Criterion validity was examined through the main effect of coping with discrimination and the interaction effect of coping and discrimination experiences on mental health and well-being but was not supported.
Discussion: The findings support the construct validity and reliability of the German CDS education/advocacy and resistance subscales among adults with a migration background from predominantly Muslim countries in Germany. Coping with discrimination was unrelated to mental health and did not moderate the association between discrimination experiences and mental health. This pattern suggests that individual coping strategies may not meaningfully buffer the mental health consequences of discrimination, raising questions about stress-coping models that emphasize individual coping in the context of chronic, structural stressors. However, the cross-sectional design limits conclusions about causal relationships. Future longitudinal research is needed to clarify how different forms of coping with discrimination unfold over time and under what conditions they may influence mental health.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession II

242 Author(s): Mirja Baumgart, Laura Lüdtke, Levente Kriston, Albert Nienhaus, Martin Härter
„Coping strategies and mental health in Post-COVID affected healthcare workers“

Introduction: Six years after the onset of the COVID-19 pandemic, substantial gaps remain in the diagnosis, treatment, and prognosis of post-COVID syndrome (PCS). Consequently, individuals affected by PCS face ongoing challenges related to symptom progression and access to appropriate care, which are associated with increased risk of mental health problems, such as depression and anxiety. Within the context of chronic illnesses, coping strategies have been shown to be associated with various mental health outcomes. The aim of the Federal Ministry of Health-funded SCOPE-CARE study (grant number 2524FSB024) was to identify coping strategies used by PCS-affected individuals and to examine their associations with depression and anxiety.
Methods: Between June and August 2025, 1,145 healthcare workers (HCWs) with a confirmed SARS-CoV-2 infection recognized as an occupational disease by the German Social Accident Insurance Institution for the Healthcare and Welfare Services and reporting persistent symptoms in 2023 were surveyed. Participants reported PCS symptoms (PCS score), depression and anxiety (PHQ-4), and coping behaviour (Essen Coping Questionnaire subscales acting, problem-oriented coping (APC), information seeking and exchange of experiences (ISE) and willingness to accept help (WAH)). Descriptive statistics and regression analyses were conducted.
Results: Of all participants, 795 HCWs (69.4%) reported persistent PCS symptoms (M = 33.02, SD = 13.90). PHQ-4 scores showed a mild level of depression and anxiety (M = 3.82, SD = 2.86) and were positively associated with PCS symptom severity (β = -.33, p < .001). Overall use of coping strategies was low to moderate (APC: M = 1.88, SD = 0.92; ISE: M = 0.99, SD = 0.84; WAH: M = 1.17, SD = 0.76; Range: 0-4). APC was negatively associated with depression and anxiety (β = -.17, p < .001), ISE was positively associated with anxiety and depression (β = .27, p < .001). WAH showed no significant association (β = −.08; p = .068).
Discussion: The findings indicate that coping strategies are differentially associated with depression and anxiety in PCS-affected HCWs, highlighting the relevance of coping strategies for mental health outcomes. Targeted psychosocial interventions that strengthen adaptive coping strategies could help PCS-affected HCWs to manage their symptoms more effectively.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession II

259 Author(s): Ludwig Piesch, Katrin Obst, Susen Köslich-Strumann, Till Utesch
„When sitting still leads to a standstill: The role of physical activity and sedentary time in coping with academic stress“

University students face considerable academic and psychosocial stressors, placing them at elevated risk for mental health challenges compared to non-student peers (Sheldon et al., 2021). Physical activity (PA) has been shown to buffer stress and promote well-being in students, whereas sedentary time (ST) is linked to adverse health outcomes (Wunsch et al., 2021). However, little is known about how PA and ST relate to patterns of academic behavior and experience reflecting students' coping with academic demands. This study investigated the effects of PA and ST on transitions between academic behavior and experience patterns over time.
We used data from the Lübeck University Student Trial (LUST), a longitudinal cohort study monitoring student health annually. The sample comprised 1,965 observations from 785 students (M_{age} ± SD: 20.81 ± 3.33) who participated at least twice between 2022 and 2025. Academic behavior and experience patterns were assessed using a student-adapted version of the Work-related Coping Behavior and Experience Patterns questionnaire (Schaarschmidt & Fischer, 1997), classifying respondents into health-promoting (G: Good health, S: Sparing investment) or health-endangering coping patterns (A: Ambitious, B: Burnout). PA and ST were measured using the International Physical Activity Questionnaire short form (Craig et al., 2003) and operationalized as weekly metabolic equivalent of task minutes and average daily sitting hours, respectively. Continuous-time multi-state Markov models were applied to estimate the effects of PA and ST on transition probabilities between patterns over time, modeling all patterns as transient states and allowing transitions between any pair of states.
Higher ST was associated with an increased hazard of transitioning from pattern G to B within one year (HR = 2.30, 95% CI: 1.15 – 4.59). The probability of B being the subsequent pattern following G was 3.5% at low ST (-1 SD) and 16% at high ST (+1 SD). PA was not associated with transition hazards between patterns. The findings necessitate further validation due to partially limited transition event numbers.
Reducing structurally mandated sitting may support more stable and health-promoting coping patterns in academic settings. Universities could benefit from implementing active campus policies to strengthen students’ coping capacity and prevent progression toward burnout-related coping.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession II

299 Author(s): Zaharija Porchu, Alexander Trinidad, Dina Maskileyson
„Exploring depression prevalence across measurement systems and regions: A meta-analysis“

Depression is among the most prevalent and burdensome mental health conditions worldwide, yet reported prevalence varies considerably across studies, populations, and institutional contexts. Such variation raises a fundamental question: to what extent do prevalence estimates reflect underlying differences in mental health, and to what extent do they reflect the measurement systems through which depression is defined, classified, and rendered measurable? Many widely used instruments are grounded in DSM- and ICD-based diagnostic traditions developed largely within Western clinical and institutional settings, potentially shaping how symptoms are conceptualized, classified, and compared across regions.

This meta-analysis examines how point prevalence estimates of depression vary by measurement approach and geographical context. Specifically, we compare prevalence estimates derived from screening tools and standardized diagnostic interviews, and assess whether cross-regional heterogeneity helps explain observed variation across studies. By synthesizing evidence from diverse contexts, the study clarifies how measurement approaches and institutional contexts jointly structure the reported prevalence of depression.

Eligible studies were identified through EBSCOhost (MEDLINE, APA PsycInfo, SocINDEX, APA PsycArticles, Open Dissertations, ERIC), Web of Science (WOS), and SCOPUS based on predefined inclusion criteria. We conducted a random-effects meta-analysis to estimate pooled point prevalence and fitted multilevel random-effects models to partition heterogeneity by measurement type and World Health Organization (WHO) region.

Across 21 studies (N = 367,260), the pooled point prevalence of depression was 5.5% (95% CI: 4.1%–7.3%), with substantial between-study heterogeneity. Measurement type accounted for approximately 54% of this heterogeneity: diagnostic interviews yielded lower pooled prevalence estimates (2.5%, 95% CI: 0.8%–7.0%) than screening tools (6.3%, 95% CI: 4.7%–8.2%). In contrast, the WHO region did not independently explain substantial between-study variance beyond measurement differences, with remaining heterogeneity attributable to residual study-level variation.

These preliminary findings suggest that, within the available evidence, prevalence estimates are shaped not only by population characteristics but also by the institutional and diagnostic practices through which depression is classified and operationalized. Because prevalence figures inform policy priorities, resource allocation, and access to care, understanding how measurement systems structure who is counted as depressed is essential for interpreting epidemiological knowledge and addressing health inequalities.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession II

327 Author(s): Eetu Haataja, Hanna Rekola, Pihla Rautanen, Mikko Huhtiniemi, Iiris Kolunsarka, Abate Belachew, Kirsi Pyhältö, Marko Kantomaa

„Intersectional inequalities in psychological wellbeing among Finnish early and mid-adolescents“

Introduction: Adolescence is a critical life stage where social identities develop and increasingly shape mental health and wellbeing. Research has shown significant differences in adolescent mental health based on various social positions. However, most studies have examined these effects as separate dimensions, and very few have investigated the potential multiplicative effects of intersecting social positions on mental health throughout different stages of adolescence. This cross-sectional study investigates how intersections of sex, perceived socioeconomic position and immigrant background contribute to differences in psychological wellbeing as both additive and multiplicative effects among Finnish fifth and eighth-grade students.
Methods: The study involved 328 fifth graders (M_{age} = 11.2, *SD* = 0.32) and 438 eight graders (M_{age} = 14.2, *SD* = 0.36) from ten teacher training schools across Finland. We utilised the Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA) to explore intersectional inequalities in psychological wellbeing. Intersectional strata were formed based on sex, subjective socioeconomic position and immigrant background reported by adolescents. The outcome measure was the WHO-5 psychological wellbeing index (range 0-100).
Results: Variance partition coefficients (VPC) indicated that 13.8% of the variance in psychological wellbeing between fifth graders and 25.6% between eighth graders was explained by intersectional strata. The Area Under the Curve values for predicting poor wellbeing were 0.69 and 0.72, respectively. While most differences between strata were additive by nature, 23.3% of differences among fifth graders and 43.8% among eighth graders were explained by multiplicative effects. Eighth-grade girls who perceived their family's financial situation as poor or moderate experienced the greatest disadvantage in their psychological wellbeing (M_{WHO5} = 45.3 , 95% *CI* = [40.2, 50.5]). Overall, the mean differences, discriminatory accuracy, and proportion of multiplicative effects were higher for eighth graders than for fifth graders.
Discussion: The findings indicate that there are significant additive and multiplicative effects of social positions on adolescents' psychological wellbeing, which may be amplified in the transition from early to mid-adolescence. Further longitudinal research would be needed to better understand how the trajectories of psychological wellbeing evolve across adolescence and later on for different intersections of social positions.

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Postersessions (Thursday, 20th of August 2026, 02:30 p.m. - 03:30 p.m.)

Postersession II

344 Author(s): Sabina Wagner, Kasper Olesen, Martin Marchman Andersen
„Internalised weight stigma among people with and without type 2-diabetes“

Internalised weight stigma (IWS) is a negative self-view shaped by societal attitudes toward high weight. Given the high rate of obesity among people with type 2-diabetes (T2D), and the adverse effects of IWS on weight management, it is important to investigate IWS in this population. This study examines how the severity and potential mental health consequences of IWS vary by weight and T2D status.
A survey was conducted among Danish adults with T2D and an age- and gender-matched group without T2D. N = 2537. Measures included height, weight, depression and anxiety symptoms (PHQ-4) and the modified Weight Bias Internalisation Scale (WBIS-M). Weight status was categorised as BMI < 25, 25 - < 30 and ≥ 30. Multivariable linear regression analysis was applied.
Preliminary results showed that people with T2D, with a BMI above 30, reported higher levels of IWS than those without T2D in the same BMI-group. T2D status also strengthened the positive association between PHQ-4 and WBIS-M.
In conclusion, our findings indicate that people with T2D may be particularly vulnerable towards IWS, and its mental health consequences.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Social justice and the crisis of LGBTQI+ young people's mental health

175 Author(s): Michal Pitoňák

„From no local evidence to quiet acknowledgement: politics of (non)recognition of LGBTQI+ wellbeing in Czechia“

Introduction: In February 2014, the suicide of a 14-year-old boy (“Filip”) became a highly visible public moment in Czechia, exposing the costs of social non-acceptance for LGBTQI+ people and catalysing community responses. This paper theorises LGBTQI+ mental health as a problem of *recognition* and *knowledge politics* rather than individual vulnerability, tracing how “evidence” is selectively accepted, discounted, or silenced in conditions of rising uncertainty and uneven political commitment to equality.
Methods: The paper is grounded in an analytically structured first-person narrative. Empirically, it draws on: (1) long-term engaged scholarship and participation in Czech debates on sexual and gender diversity, including collaboration with civil-society actors and community organisations; (2) reflexive reconstruction of key episodes in the local development of wellbeing-oriented research (e.g., introducing concepts, negotiating their public meaning, building research infrastructures, and communicating findings to stakeholders); and (3) documentary and contextual review of Czech materials that have shaped the field (public statements, media controversies, institutional practices, and policy-facing discussions). Rather than claiming exhaustive coverage, I use “critical moments” to illuminate mechanisms through which certain forms of knowledge are authorised while others are discounted.
Results: I identify three recurrent “regimes of nonrecognition” that shape the public intelligibility of LGBTQI+ youth mental health. First, international evidence was long dismissed as “not applicable locally,” delaying recognition of structural harm. Second, when Czech community-based studies produced robust signals of minority stress and present discrimination, critics reframed them as “biased”, obscuring the established methodological constraints of surveying minoritised populations. Third, even after "nationally representative" findings documented stark inequalities, e.g., suicidality around 6% among heterosexual versus roughly 23–25% among gay/lesbian and bisexual participants, policy responses remained silent. In parallel, community infrastructures of care expanded: the chat-based peer-support service *S barvou ven*, operated by Prague Pride and publicly linked to Filip’s death, exemplifies care beyond the state and the labour of solidarity under austerity and backlash.
Discussion: The Czech case shows that “more data” is not automatically translated into recognition or justice. I argue for a youth-rights, social-justice approach centred on accountable knowledge production, sustained community infrastructures, and political responsibility for the conditions that make distress predictable.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Social justice and the crisis of LGBTQI+ young people's mental health

183 Author(s): Tobias Kuhnert, Andreas Pfister

„The role of informal care and support for LGBTQ+ youth who attempted suicide“

Introduction: Whilst research evidence and scientific understanding of access to formal care and support (C&S) for LGBTQ+ youth who have attempted suicide is still fragmentary, this is all the more the case for informal C&S, represented in particular by family and friends. Moreover, the resources and positive role of the personal social environment are underexposed.
Methods: Within our research project investigating suicide attempt processes among LGBTQ+ youth in Switzerland, we examined help-seeking and access to C&S. Qualitative problem-centred interviews were conducted with LGBTQ+ youth who had attempted suicide and with individuals from their social environments when possible. Data collection and analysis followed Grounded Theory methodology principles. The final sample comprised 41 individuals: seven bisexual or lesbian cisgender women, four bisexual or gay cisgender men, 15 transgender or nonbinary persons with diverse sexual orientations, three heterosexual cisgender persons, and 12 individuals from their respective social environments.
Results: The results of the study indicate that the personal social environment – besides being sometimes a barrier to C&S and a general stressor – was a central actor in the provision of C&S itself through expressions of empathy, the provision of a space to talk, demonstrations of acceptance, and respect for the youths' needs. Mutual trust and openness were found to be foundational for those affirming actions. Furthermore, the personal social environment was facilitating access to professional C&S by normalising and encouraging help-seeking, helping to find, contact and accompany to professional services, or coordinating professional C&S. The findings indicated that these roles and functions were entangled in the complexity of personal relations, which were shaped by emotions, interdependencies, structural conditions, and age-specificities of youth.
Discussion: The findings emphasise that informal C&S is a crucial pillar of wellbeing, prevention and care itself, as well as a significant actor in enabling or facilitating access to formal C&S. It is imperative that research, particularly in its applied and empowering forms, expands and intensifies its focus on informal C&S to not only understand but also improve the mental health of LGBTQ+ youth who have attempted suicide. A socioecological and interactional perspective can further facilitate such a holistic understanding.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Social justice and the crisis of LGBTQI+ young people's mental health

209 Author(s): Rachael Eastham, Elizabeth McDermott
„Irreconcilable differences?: Epistemic injustice and the integration of mental health care for LGBTQ+ young people“

Background: Integrated youth mental health care has evolved in response to the global escalation of young people's poor mental health, and the failure of current mental health systems and models to improve this situation. LGBTQ+ young people have disproportionately high rates of poor mental health compared to their cisgender, heterosexual peers but there is a dearth of research that examines the integration of mental health care for LGBTQ+ youth.
Aim: To identify the different ways the concepts of youth, LGBTQ+ identity and mental health were discursively constructed across LGBTQ+ specific youth mental health services compared with mainstream services; and how these may facilitate or limit the integration of mental health care.
Method: We conducted a qualitative secondary analysis using Foucauldian Discourse Analysis, a method that centralises power and knowledge, to examine the discourses used to construct LGBTQ+ identity, youth and mental health across four different mental health services. We analysed interviews with LGBTQ+ young people and staff (n=30) employing epistemic injustice as a theoretical framework.
Results: Mainstream discourses of LGBTQ+ youth mental health concentrate on risks, trauma, and harm, and reinforce a passive, pathologized and patronized subject position for LGBTQ+ youth. In contrast, we found 3 counter-discourses in LGBTQ+ specific mental health services: Knowing and Telling; Resisting Pathology; and Capability that allowed for wider, transformative possibilities for LGBTQ+ youth subjectivities and mental wellbeing.
Discussion: Integrated youth mental health care models privilege a clinical, developmental and universal approach that does not consider justice and the oppressive power systems implicated in LGBTQ+ young people's mental health care. Without addressing in/justice, there will remain fundamental irreconcilable differences that will forfeit effective and inclusive systems of care for LGBTQ+ young people.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Social justice and the crisis of LGBTQI+ young people's mental health

349 Author(s): Eleanor Wilkinson
„The ethics of researching LGBTQ+ youth wellbeing in times of crisis: On promise, failure and care“

In this paper I explore the ethics of trying to conduct inclusive qualitative research with LGBTQ+ youth during a period of turbulence and crisis. I focus on a current project around LGBTQ+ youth wellbeing across Europe, which consists of a series of repeat participatory creative workshops with LGBTQ+ youth aged 18-24. In the paper I chart some of the ethical dilemmas our project team have faced while trying to research LGBTQ+ youth wellbeing during a period in which LGBTQ+ lives are increasingly under attack. Central here is our to attempts to avoid extraction, harm and violence in our engagements with this often already ‘research exhausted’ population. I outline the ways we have attempted to conduct the research with care, ensuring the research is meaningful and rewarding to participants. Yet the paper also explores the dangers of cruel optimism, of promising too much: empowerment, change, transformation. As such, I chart how we have attempted to negotiate this by recognising the failure of promise, and the need to make space for shared vulnerability and failure within the research process—a recognition that things will not always go right, that failure will happen. Finaly, I chart how the research design, is one that seeks to recognise potential harm, vulnerability and mental distress that might emerge, yet also trying to ensure space for joy, resistance, and connection through the research process itself. Here, I draw upon reflections from the youth participants themselves as to their experiences of taking part in the research. Ultimately, the paper explores the ethical dilemmas we have faced, and the importance of ensuring open reflections on limits and failure, and the violence that can emerge even when attempting to create a caring and transformative research project.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Social justice and the crisis of LGBTQI+ young people's mental health

359 Author(s): Ad Jüne Ott, Christiane Carri, Tina Hascher
„Beyond individual resilience: An intersectional analysis of well-being profiles and normative alignment among LGBTQ+ students“

Introduction: Quantitative analyses of mental health among LGBTQ+ students frequently adopt a damage-centered perspective that frames emotional distress primarily as an individual characteristic, rather than a reflection of hegemonic power relations such as heteronormativity, whiteness and class. In contrast, this paper conceptualises students' emotional experiences as emerging within the tension between their social positionalities and institutional power relations. Therefore, well-being can be understood as an indicator of how positionalities align with or are in friction with hegemonic school norms. Along the axes of gender identity, race, and class, quantitative well-being profiles are examined intersectionally to identify differences in normative alignment.
Methods: Cross-sectional data from 376 LGBTQ+ students aged 14 to 19 years from German-speaking Switzerland were included in the quantitative analyses. Student well-being was assessed using a six-dimensional scale. The intersectional variables gender identity, risk of racial discrimination, and the parental academic background were recoded as dichotomous variables. Those categories have been chosen as a temporary analytical construct to make institutional power relations and normativity visible. Latent profile analysis and multinomial logistic regression were used to identify well-being profiles and to test associations with intersectional variables.
Results: Four distinct profiles ("Flourishing", "Thriving and strained", "Ambivalent", and "Disconnected") were identified along positive and negative dimensions of well-being. Cisgender status, low risk of racial discrimination, and an academic parental background were significantly associated with a higher likelihood of belonging to the "Flourishing" profile compared to the "Disconnected" profile. Smaller differences were observed for the intermediate profiles.
Discussion: The findings suggest that student well-being should be understood as an indicator of normative alignment between students' positionalities and hegemonic school norms. While the high well-being profile "Flourishing" is not to be interpreted as a universal target outcome but reflects normative alignment with dominant power relations, the "Disconnected" profile signals structural friction instead of individual deficit. Variations in well-being thus signal differentiated forms of recognition, legitimacy, and belonging within institutionalized power relations.
These results challenge individual resilience-centered approaches in school mental health that locate responsibility within LGBTQ+ youth themselves and instead reframe student well-being as a matter of social justice that requires institutional transformation.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Health care systems and professional practices

265 Author(s): Asako Saji, Andrew Guise, Peter Schofield
„How doctors manage public assistance in primary care clinics: a qualitative study in Japan“

Introduction: Public assistance (*seikatuhogo*) in Japan supports individuals with socioeconomic difficulties. Social security in Japan was introduced with reference to the Beveridge Report in the UK.[1] Similar to welfare schemes in Europe and North America, this social security net provides funds for daily living and exemptions for healthcare costs. However, like in other settings, public assistance is also known for being stigmatised.[2] Although doctors in Japanese primary care settings play important roles in healthcare for recipients of public assistance, doctors' roles, practices and influences in public assistance have not been explored well. This study aims to explore how doctors manage public assistance in primary care clinics in Japan.
Methods: A qualitative study set in urban/suburban areas in Japan using multiple methods: documentary analysis, observation at primary care clinics and semi-structured interviews with doctors, recipients on public assistance and stakeholders. The data is inductively and deductively analysed, drawing on critical realism as a philosophical background position.
Results: Although public assistance becomes visible in healthcare settings and patients go through distinct healthcare pathways, public assistance is *invisible* to doctors: doctors knew little about public assistance, and public assistance was missing from doctors' learning opportunities, discussions and private lives. Doctors' professional power in public assistance operated in obscured ways, and several forms of doctors' attitudes were identified: for example, doctors could pay little attention to public assistance — including stigma in society — in an effort to be 'neutral', or doctors could engage with public assistance — including the stigma attached — to utilise it as an opportunity to restore patients' human rights. The spectrum of attitudes was observed among doctors and even within a doctor, depending on experiences of public assistance, the patient's situation and the settings of the clinics.
Discussion: Doctors' work on public assistance needs to consider its invisibility, doctors' professional power and mechanisms behind doctors' practices. Addressing 'invisibility' and how doctors could better be involved in public assistance could improve healthcare and address structural stigma behind welfare services. These findings would be compatible in other settings globally to develop theoretical approaches around public welfare, healthcare and structural stigma.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Health care systems and professional practices

296 Author(s): Robert Pralat, Anna Wiedemann, Lily Zhang, Richard Milne, Peter Fonagy, Anna Moore

„Professional perspectives on the challenges facing mental health support services for children and adolescents in England“

Introduction: Demand for child and adolescent mental health support in England has risen sharply in recent years, placing increasing strain on services across healthcare, social care and education. While policy increasingly emphasises whole-system and integrated care approaches, less is known about how professionals across the system perceive existing care pathways, particularly in a context of heightened uncertainty about service funding, professional responsibilities, and the boundaries between clinical disorder and social distress.
Methods: We conducted a qualitative study in England, with a particular focus on Cambridgeshire, comprising 33 semi-structured interviews and seven focus groups with a total of 61 professionals, including healthcare, social care and education practitioners, policymakers and researchers. Data were analysed using a combined thematic and framework approach.
Results: Professionals described three interconnected challenges. First, inadequate capacity and workforce shortages were perceived as driving long waits and a crisis-orientated commissioning, undermining early intervention and creating tensions between services that are severely under pressure. Second, fragmented pathways and inefficient processes were seen as resulting in referrals being redirected between services, poor information-sharing and risks becoming ‘invisible’, generating anxiety in navigating unclear access routes. Third, an assessment-driven model and a strong reliance on diagnosis as a gateway to support, particularly for neurodevelopmental conditions, were linked to concerns about over-medicalisation and unmet non-clinical needs.
Discussion: Professionals across the system share concerns about structural and conceptual challenges in current child and adolescent mental health support in England. Addressing these challenges requires not only increased investment in specialist capacity, but also improvements in data infrastructure and mental health literacy. From a medical sociology perspective, the findings illustrate how institutional fragmentation and diagnostic gatekeeping shape professional practices and the organisation of care in times of uncertainty. Digital tools may play an important role in enhancing system design and quality of support, provided they complement rather than replace human-centred care.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Health care systems and professional practices

338 Author(s): Daria Nikitina
„Implementing evidence-based mental health care in Russia: Institutional barriers and professional reconfigurations“

This study examines the possibilities and barriers for implementing evidence-based psychiatric and psychotherapeutic care in Russia from the perspective of the sociology of expertise. While evidence-based approaches, which foster more transparent and democratic forms of knowledge, are actively developing in Russia's private healthcare sector, they remain poorly compatible with the institutional logics of the state healthcare system. Drawing on qualitative interviews with psychiatrists, psychotherapists, healthcare administrators, and their clients, as well as ethnographic observations of clinical case discussions and psychotherapeutic peer supervision sessions, this paper compares two networks of expertise: one organized around a private evidence-based psychiatric clinic, and the other embedded in a state-run psychoneurological dispensary. Using a theoretical framework informed by the sociology of expertise and healthcare studies, the analysis demonstrates that actors in these two networks operate within distinct regimes of evaluation, which shape professional responsibilities and define what it means to be a "competent doctor, capable of handling complex cases." The presentation further examines how psychiatrists and psychotherapists leaving the state healthcare system are compelled to reconfigure practices of control and evaluation previously experienced as coercive. Rather than disappearing, these practices are reassembled in more implicit and negotiated forms within private settings, where accountability must be maintained in the absence of strong public regulation, generating new forms of professional and epistemic uncertainty. By tracing these dynamics, this study highlights evidence-based medicine as a fragile epistemic infrastructure whose democratic promises are unevenly realized across institutional contexts. Additionally, the study illustrates how markedly different the trajectory of a patient with mental health problems may be across different segments of the psychiatric and psychotherapeutic care sector in Russia.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Health care systems and professional practices

368 Author(s): Jens Klein, Anna Makowski, Demet Dingoyan, Olaf von dem Knesebeck
„Health care system distrust in Germany: magnitude, inequalities, and associations with unmet need and non-adherence in a population-based survey“

Introduction: Health care system distrust has emerged as a critical barrier to care, varying by social characteristics and affecting health outcomes through inadequate health care behaviour. However, research outside the US-American health care setting is sparse. Based on a conceptual model of health care related distrust, the study aimed to (1) assess the extent of health care system distrust in Germany, (2) examine social inequalities in distrust, and (3) explore associations between distrust and utilization behaviour (unmet need and medication non-adherence) in the German population.
Methods: A cross-sectional online survey was conducted with a randomly selected sample drawn from a panel representing the adult population (N = 3,246). Health care system distrust was measured using the 9-item Revised Health Care System Distrust scale, comprising competence and values subscales. Two items to assess unmet need and medication non-adherence and various social characteristics were additionally included.
Results: A substantial proportion of the respondents reported distrust in the German health care system. For instance, about one-fifth (strongly) disagreed that the health care system does its best to make patients' health better. Multiple logistic regression analyses revealed various social inequalities regarding age, gender, migration history, education and income depending on the subscales. Additionally, both types of distrust were significantly associated with increased odds of unmet need and medication non-adherence after controlling for social characteristics.
Conclusions: Health care system distrust is prevalent in Germany and linked to social inequalities and adverse utilization. Addressing distrust requires targeted, patient-centered interventions emphasizing competence, empathy, communication, and equity.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Health care systems and professional practices

370 Author(s): Leo Josam, Olaf von dem Knesebeck, Luisa Carretero Birk, Milena Voges, Daniel Lüdecke

„Systematic review: User-level mitigation strategies for sociodemographic bias of LLMs in diagnostic and therapeutic decision making“

Large language models (LLMs) are increasingly being integrated into healthcare applications and clinical deci-sion-making. Although these systems are often portrayed as neutral and objective, a growing body of evi-dence demonstrates that they can reproduce and amplify existing sociodemographic biases. In clinical con-texts, such biases may contribute to unequal treatment recommendations across patient populations, po-tentially exacerbating existing health disparities. Empirical studies have shown that LLMs generate systemat-ically different outputs based on race, gender and sexual orientation. These concerns are further complicated by the limited transparency surrounding the training data and development processes of many LLMs. Given the widespread adoption of LLMs and the limited control end users have over model architecture and train-ing procedures, effective bias mitigation strategies that can be implemented at the user level are needed. To assess the current evidence on such approaches, we conducted a systematic review of user-level bias mitiga-tion strategies for LLMs in diagnostic and therapeutic decision-making.

A comprehensive literature search was performed across PubMed, Web of Science, Google Scholar, IEEE Xplore, arXiv, and medRxiv. In total, 2,273 articles were screened. Following title and abstract screening, 117 studies underwent full-text review, of which 12 met the eligibility criteria and were included in the final syn-thesis.

Across the included studies, we identified 13 bias mitigation strategies, all of which relied on different forms of prompt engineering. The effectiveness of these approaches varied substantially across models and use cases. None of the identified strategies succeeded in completely eliminating sociodemographic bias. Three strategies demonstrated a partial reduction of bias in selected models and scenarios. Seven strategies pro-duced mixed results, with bias reduction varying across different LLMs and applications. In some cases, the implementation of mitigation prompts was even associated with an increase in observed bias.

Overall, the evidence suggests that while prompt engineering may offer limited improvements in certain contexts, it is insufficient as a standalone solution for eliminating sociodemographic bias in LLM-generated clinical recommendations.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

The role of theory in cross-country studies in medical sociology

162 Author(s): Marvin Reuter, Tabea Gau
„When Is re-employment good for mental health? The role of psychosocial job quality“

Introduction: Positive mental health effects of transitions from unemployment to employment are well established. However, less is known about whether and to what extent these effects depend on the quality of the job individuals enter. While Jahoda's latent deprivation model emphasises the unique psychosocial benefits of employment, work stress theories such as the Effort-Reward Imbalance (ERI) model and the Job Demand-Control (JDC) model suggest that adverse working conditions may undermine mental health. This study integrates both perspectives by examining whether the mental health effects of re-employment vary across levels of psychosocial job quality.
Methods: We use three waves of the German Panel Study Labour Market and Social Security (PASS) from 2015, 2018, and 2022 with repeated measures of employment status, mental health, and working conditions. Mental health was assessed using the Mental Component Summary of the Short Form-12 Health Survey (SF-12). Psychosocial job quality was measured using 19 items covering the dimensions job satisfaction, job security, work demands, skill discretion, decision authority, work-life balance, esteem, promotion prospects, and financial rewards. Four levels of overall job quality were distinguished based on quartiles of a composite index. In addition, job quality was operationalised using ratios of efforts to rewards (ERI) and job demands to control (JDC). Fixed-effects regression models were estimated to analyse within-person changes in mental health following re-employment into different levels of job quality, compared to remaining unemployed.
Results: Re-employment was associated with significant improvements in mental health, but only when individuals entered jobs of moderate or high quality. In contrast, re-employment into low-quality jobs was not followed by mental health gains. Among women, transitions into low-quality jobs were even associated with declines in mental health compared to remaining unemployed. These patterns were consistent across alternative operationalisations of job quality.
Discussion: The findings indicate that the mental health benefits of re-employment are conditional on psychosocial job quality. Work stress theories therefore complement Jahoda's latent deprivation model by showing that employment is health-promoting only under favourable working conditions. The results challenge policy assumptions that any job is better than no job, particularly in times of increasing labour market uncertainty.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

The role of theory in cross-country studies in medical sociology

164 Author(s): Johannes Siegrist
„The role of theory in cross-country research of medical sociology“

In recent years cross-country research developed rapidly in European medical sociology, promoted among others by European funding opportunities. While important, new studies often remain at a descriptive level, with a lack of appropriate theoretical approaches. This session presents contributions that aim at linking empirical research findings to theoretical concepts. The first three papers refer to working conditions and health, with a focus on mental health. Two European projects and a national study from Germany demonstrate, first, that macro-level factors exert significant effects on the prevention of mental disorders (T.Lunau), second, that a cross-national intervention approach towards strengthening mental health at work profits from applying a social theory of change (B. Aust), and, third, that return to work after unemployment exerts beneficial effects only if combined with good quality of work, as defined by dominant theoretical models (M. Reuter).
The final contribution offers a synopsis of recent research findings on healthy aging in European countries, challenging the leading theoretical paradigm of compression of morbidity by most insights derived from new birth cohort studies.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

The role of theory in cross-country studies in medical sociology

165 Author(s): Thorsten Lunau

„Theoretical models of work stress in comparative research: The impact of national contextual factors on psychosocial working conditions in Europe“

Introduction: Based on theoretical models of work stress, such as the Job Demand–Control model and the Effort–Reward Imbalance (ERI) model, psychosocial work stressors have been identified as key determinants in the development of physical and mental health problems. In addition to individual- and workplace-level interventions, policy measures—such as national labour and social policies or occupational safety and health regulations—can contribute to reducing psychosocial work stress. This presentation presents findings on cross-national differences in psychosocial work stressors, such as job strain and ERI, and examines the extent to which national contextual factors shape their distribution across countries.
Methods: The analyses draw on large-scale European datasets, including the Survey of Health, Ageing and Retirement in Europe (SHARE), the English Longitudinal Study of Ageing (ELSA), and the European Working Conditions Survey (EWCS). These individual-level data were linked to macro-level indicators of labour market policies (OECD) and organisational risk management practices from the European Survey of Enterprises on New and Emerging Risks (ESENER). Multilevel regression models were applied to account for the nesting of individuals within countries.
Results: The results reveal significant cross-national differences in the prevalence of psychosocial stressors. Countries that invest more strongly in labour and social policy measures (e.g. Denmark, the Netherlands, and Belgium) and in which organisations more frequently implement measures to reduce psychosocial risks (e.g. Sweden, Denmark, and Belgium) exhibit overall lower levels of work stress compared to countries where such measures are less prevalent. Moreover, these countries also show smaller social inequalities – higher stress levels among individuals with lower education - in the distribution of psychosocial work stress.
Discussion: The application of theoretical work stress models in comparative research highlights that work stress is not merely an individual phenomenon but is strongly shaped by the macro-structural context. Theoretically grounded research therefore provides an essential basis for policy interventions aimed at reducing psychosocial work stress and mitigating social inequalities in its distribution.

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The role of theory in cross-country studies in medical sociology

207 Author(s): Birgit Aust, Evelien Coppens, Bridget Hogg, Fotini Tsantila
„Comparative worksite intervention to promote mental health: The MENTUPP study“

Introduction: Workplaces are an important setting for promoting mental health and preventing mental health problems; however, Small and Medium-sized Enterprises (SMEs) often lack the resources to implement effective actions. The EU Horizon 2020 MENTUPP project (Mental Health Promotion and Intervention in Occupational Settings) aimed to improve mental health and wellbeing in SMEs across several European countries and Australia[1]. To prepare for the implementation and evaluation of this complex intervention, systematic literature reviews, an expert survey[2], and the development of a Theory of Change (ToC)[3] were undertaken. This presentation focuses on the expert survey and the ToC to examine theoretical assumptions and cross-country perspectives on improving mental health at work.
Methods: An expert survey was conducted in Australia and eight European countries, involving representatives from research and practice, including SME organisations, advocacy groups, trade unions, and occupational health experts. Of 146 invited experts, 62 completed an electronic questionnaire (response rate 42%). The ToC was developed by a multidisciplinary project team through a structured discussion process informed by findings from the literature reviews and the expert survey.
Results: Only 26% of experts agreed that employees could speak openly about mental health issues at work, while 82% reported an unmet need for better support for employees with mental health problems. Around two-thirds of experts indicated that managers lack the skills to effectively support employees with mental health difficulties and emphasised the need for appropriate tools and guidelines. These findings were consistent across countries and professional backgrounds and supported the development of a multi-level intervention. The ToC identified 23 intervention components targeting four organizational levels, with expected effects on six proximal outcomes (e.g. mental health literacy), four intermediate outcomes (e.g. team support), and four long-term outcomes (e.g. reduced mental health-related stigma). In addition, 11 prerequisites, such as sufficient resources and management support, were identified as necessary for achieving these outcomes.
Discussion: Experts across countries highlighted a strong need for workplace mental health interventions, particularly those addressing stigma. The ToC provides a structured framework for a multi-level intervention, while highlighting key prerequisites, challenges, and opportunities associated with implementing and evaluating a complex multinational trial.

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The role of theory in cross-country studies in medical sociology

254 Author(s): Johannes Beller, Siegfried Geyer
„The long-term development of morbidity: From morbidity compression to morbidity expansion?“

Introduction: At present, women and men beyond retirement age enjoy better health than at least a decade ago. This applies to most chronic diseases, e.g. stroke, myocardial infarction, COPD and most behaviour-related cancers. As life expectancy has also increased, this development aligns with the theory of morbidity compression formulated by James Fries in the 1980s, which posits that the onset of chronic disease can be postponed to an increasingly shorter period before death. Given improvements in living conditions, prevention and health literacy, one might have assumed that this positive trend would continue. However, recent empirical evidence challenges Fries' theoretical framework and raises the question of whether this established theory needs to be revised in light of changing societal and occupational conditions.
Methods: The findings are based on claims data from the AOK Niedersachsen (General Local Health Insurance of Lower Saxony), comprising more than 2 million insured per year above the age of 18, covering the years 2005 to 2019. In addition, data from several national and internation surveys were used.
Results: Starting with women and men born around 1960, the prevalence of poor general health, such as type 2 diabetes, is continuously increasing in younger birth cohorts - a pattern at odds with the predictions derived from the morbidity compression thesis. Preliminary findings point to unfavourable working conditions, for example the increasing number of sedentary jobs, which may spill over to a general sedentary lifestyle. Such mechanisms are not adequately captured by existing theoretical models, underscoring the need for refined theories integrating occupational and behavioural pathways. To what extent this trend leads to a more general expansion of morbidity is still under discussion.
Conclusion: The paradigm of morbidity compression is challenged by evidence from younger birth cohorts indicating a rise in chronic diseases such as type 2 diabetes. These findings suggest that Fries' framework requires revision to account for cohort-specific changes in working and living conditions. If corroborated, this trend will have serious implications for prevention, health care provision, and labour market development - and will demand extended theoretical models capable of explaining both compression and expansion of morbidity.

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Studying medicalization in times of uncertainties

148 Author(s): Eva Lianne van Dijk

„Foundational steps to prepare granting-agencies to review qualitative research: Lessons from a case study.“

Introduction: This case study examines how reviewers and committee members of a major Dutch public (ministerial) funding body applied quantitative criteria when evaluating a qualitative research proposal.
Methods: The data consisted of the assessments of the various referees and committees. The data were analysed using qualitative content analysis.
Results: We found that quantitative assessment criteria were applied at all stages of the research process. Among the misconceptions and knowledge gaps identified were: the expectation of a quantitative or theoretical foundation for the project's problem statement, the belief that research and researchers should be objective, the aim to reduce complex phenomenena, the request for the formulation of predefined, measurable outcomes, the imposition of a linear research process on the inherently circular design of the qualitative research, unfamiliarity with purposive sampling strategies, the preference for large, representative samples, the characterization of qualitative research findings as 'soft science' and the frequent use of quantitative terminology such as 'measuring', 'testing', 'effectiveness' and 'objective' in their assessments.
Discussion: These findings point to a lack of knowledge and understanding among reviewers and committee members about the nature and methodology of qualitative research, reflecting positivist notions of "good science" that privilege quantitative approaches and marginalise qualitative inquiry. This epistemic dominance constrains innovation and the production of contextualised knowledge needed for complex societal challenges. Though based on a single case, these insights may be theoretically generalisable to similar contexts. Based on the misconceptions and knowledge gaps identified in our case study, we formulate a set of corrections to provide guidance to grant review boards and reviewers in future assessments of qualitative research proposals. Finally, we call for greater epistemic pluralism and methodological diversity in research evaluation and training to promote more balanced, inclusive and innovative practices.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Studying medicalization in times of uncertainties

149 Author(s): Sanne te Meerman
„How psychiatrization works in practice: The DSM and reification of ADHD.“

Introduction: Psychiatrization is comprised of top-down and bottom-up processes that interact in different ways. The DSM (The Diagnostic and Statistical Manual), plays a central role in these processes. From the top-down, psychiatry (re)defines what constitutes normal and abnormal behavior. After this definitional phase, in scientific studies, textbooks, and websites, the DSM's classifications are discursively reified into 'disease entities' that obscure the contextual factors often in play when individuals display behaviors deemed abnormal. This presentation will disuss the moral underpinnings of DSM-classifications, the consecutive reification of the alleged disease entities in the DSM, and a cure to avoid further reification and psychiatrization.
Methods: A group of scholars and mental health experts in the Netherlands have created guidelines on one of the most widely used classifications of the DSM: ADHD. In these guidelines, several discursive mechanisms that unduly reify ADHD into a medical entity are highlighted and suggestions are made on how to avoid such reification. The guidelines are based on examples of reifying disccourse found in studies into academic textbooks and other sources.
Results: The guidelines present several different topics surrounding ADHD such as brain studies, genetics and (textual silence on) contextual factors. In particular, the flaws in the disourse surrounding these topics and ways to improve the discourse are brought to the fore.
Discussion: Although several of the flaws in the discourse on ADHD are rather obvious -such as generalizing claims about ADHD being a 'neurobiological disorder'- they are widespread and a much needed substantial counter narrative has yet to materialize. Yet maybe the quintessential question is: if many aspects in the discourse are so obviously false, how are they sustained? Partly, the skewed dominant narrative on alleged medical afflications such as ADHD is continually reinforced from the top-down by financially powerful agents such as the pharmaceutical industry. However, the DSM"s ready made disease "commodities" - with alleged ready made (biomedical) solutions provide several incentives for bottom-up agents as well, including financial ones, to adopt and reinforce the biomedical narrative.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Studying medicalization in times of uncertainties

220 Author(s): Wietske De Vries, Laura Batstra, Arjen Van Assen
„Exploring concept creep: Youths portrayal of ADHD on TikTok“

Introduction: Social media platforms such as TikTok have become an integral part of young people's everyday lives. Youth seem to increasingly use these online spaces to share and seek information about mental health, including diagnostic labels. This study explores how Attention Deficit Hyperactivity Disorder (ADHD) is represented by young people on TikTok. It is investigated whether their portrayals contribute to 'concept creep', by expanding the boundaries of this classification.
Methods: We performed a content analysis on 100 popular TikTok videos focusing on ADHD. It was assessed whether the behaviors and experiences youth attribute to ADHD match its diagnostic criteria as listed in the DSM-5-TR. Additionally, the top comments were analyzed to assess how viewers engage with these videos and to what extent they self-identify with their content.
Results: Results indicate that more than half (55%) of the characteristics that youth attribute to ADHD in their videos do not align with the clinical criteria of this classification. ADHD is framed as a broad concept on TikTok, as youth attribute a wide range of behaviors to this label, including hyperfocus, 'ADHD paralysis' and rejection sensitivity. Analysis of the comments suggests that many viewers self-identify with the content of these videos, which for some seemed to have paved the way to self-diagnosis.
Discussion: The current findings suggest that youth are further expanding the already broad ADHD concept on TikTok, thereby pathologizing behavior that was previously deemed normal. This bottom-up psychiatrization may impact viewers' self-image and potentially increase the demand for health care. This study therefore highlights the need to increase awareness about the misinformation circulating online. Moreover, it calls for a broader discussion in society about what ADHD does and does not constitute.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Work, employment, and occupational health

150 Author(s): Dana Zarhin

„Sleepscapes: rhythms, routines, and the dynamics of everyday and everynight life“

Introduction: Sociologists are increasingly interested in exploring the role of time in relation to illness, disability, and care. However, the question of how individuals experience and navigate the temporal dimensions of sleep in their everyday and everynight lives requires further empirical research.
Methods: The present study addresses this question using in-depth semi-structured interviews with 66 employed midlife Israelis from diverse sociodemographic backgrounds.
Results: The findings indicate that sleep experiences are shaped by a complex interplay of biological, social, and seasonal rhythms. Sleep patterns recur nightly, weekly, seasonally, and following major life events and transitions, combining to create what I call *sleepscapes* – the evolving rhythmic patterns and disruptions that characterise the lived dynamics of sleep throughout a person's lifecourse. The study underscores the concept of polyrhythmia – multiple rhythms – in everyday and everynight life and shows how various rhythms can either harmonise or clash, often co-producing each other. The study explores individuals' efforts to negotiate these rhythms, illustrating how all these processes profoundly impact human experiences, social relationships, and health.
Discussion: The findings enhance our understanding of the underlying dynamics of sleep as a socio-environmental process, shaped by factors such as labour demands, socio-economic inequalities, technology, and the natural world. They also broaden our understanding of sleep beyond the realm of individual experiences to include relational and contextual dimensions, supporting previous calls for interdisciplinary collaborations between social and natural scientists. The study also contributes to the growing scholarship on temporalities in health, illness, disability, and care contexts, illuminating the interrelationship between everyday and everynight life, and emphasising the importance of examining both realms. Therefore, this research aligns with recent calls for a more in-depth analysis of 'everynight life', which complements the more established field of everyday life sociology. Future research can leverage the concept of *sleepscapes* to further examine the similarities and differences in rhythmic sleep patterns across social groups and geographic locations, as well as over the course of an individual's life. Ultimately, this line of inquiry can contribute to rethinking the politics of time – foregrounding restorative practices like sleep as essential to building more equitable futures.

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Work, employment, and occupational health

156 Author(s): Anu Polvinen
„Employment pathways of disability pensioners in Finland: a sequence analysis“

Introduction: Low employment rates among people with reduced work capacity present a significant challenge to social and labour market policies in many countries. In Finland, around 5% of the working-age population receives a disability pension. Half of these individuals receive their pension due to mental health reasons. Although Finnish pension rules allow individuals to continue to work while receiving a disability pension, this remains relatively uncommon. Employment offers many benefits to both individuals and society. This study examines the employment pathways of full and partial disability retirees in Finland and aims to identify factors associated with these pathways.
Methods: Register data were collected on 17,443 Finns aged 20–60 who started receiving an earnings-related full or partial disability pension in 2018. Participants were observed for 60 months from the start of their disability pension. Sequence analysis combined with clustering was used to identify typical employment pathways while receiving a disability pension. Associations between individual-level factors and these pathways were also examined.
Results: Seven distinct clusters were identified. Approximately 25% of the study population belonged to clusters in which individuals received a partial disability pension and continued to work throughout the follow-up period. Only a small proportion received a partial disability pension and did not work. Over 60% belonged to clusters where people received a full disability pension and did not work, or worked for a brief initial period. Many of these individuals were disability retired due to mental disorders. Only very few full disability pensioners continued to work for more than 12 months. Many individual-level factors were associated with different pathways of work.
Discussion: To effectively promote employment among individuals with partial work capacity, it is important to identify those who are both able and willing to work alongside their disability pension. More attention should be given to supporting the employment of people with mental health issues.

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Work, employment, and occupational health

178 Author(s): Miriam Kappe, Tobias Hermann, Johannes Schobel
„Violence as a work-related stressor: Findings from elderly and special needs care in Southern Germany“

Care work is characterized by kindness. Nevertheless, challenging behavior, boundary violations, and violence are increasingly occurring, especially in activities that involve physical contact between clients and employees. Legal requirements in Germany for the design of violence protection concepts remain vague. Violence protection concepts differ depending on the institution and respective domain. The focus is on protecting clients. But what does it mean for employees when they constantly experience violence in their work environment?
As violence as a factor contributing to work stress still receives little attention, a qualitative study involving 18 semi-structured interviews with violence protection officers and institution managers from 16 institutions was conducted. A benchmark was developed on the topic of “violence protection in institutions for elderly and special needs care.” All interviews were evaluated according to Kuckartz and revealed several implications suggesting a need for action.
When assessing the severity of incidents, the subjective perception of involved employees is important. In addition to the already high mental load associated with being a witness or victim of violence, a particular work-related stress becomes apparent. If those affected by or committing violence are people under protection (i.e., clients), feelings of responsibility and guilt also become imminent. Emotional stress further contributes to work-related doubts. These also depend on institutional cultural factors, such as strict hierarchies and missing failure- and communication culture. Unclear documentation, handling, and care processes increase uncertainty for employees. The risk of traumatization was also mentioned several times. A lack of follow-up care for affected employees can also contribute to this, especially if incidents frequently occur. All aspects often result in resignation.
The results revealed various factors that require special consideration in research and practice. The impact of violent incidents on employees in elderly and special needs care is not adequately considered in current violence protection concepts. This is particularly worrying considering the rising workload, tense personnel situation and high employee turnover rates. Investigating incidents of violence as a work factor and their impact on stress levels can contribute to prevention and aftercare services. This should also include continuously structured assessment of violence, self-reflection, and training.

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Work, employment, and occupational health

218 Author(s): Josephine Jackisch
„Heterogenous risks for ill-health, family breakdown and income after unemployment in times of crisis“

Introduction: Heterogenous effects of economic downturn are incompletely understood. Crises shake whole societies but families are often hit especially hard. By studying dynamics of past crises, we might be able to learn lessons for the future. Since the 1990s Nordic countries saw increasing social inequalities in life expectancy and health with diverging trends particularly for the lower educated. It remains unknown how adverse events such as unemployment in the turbulent times of economic crises might contribute to widening health inequalities. Following the Diderichsen Model, we will investigate differential exposure to unemployment during crisis, differential susceptibility (differential outcomes after unemployment), and differential consequences (social position moderates long-term outcomes) as putative mechanisms driving widening health inequalities. The aim of this study is thus to estimate differential exposure to and differential consequences of unemployment in times of crisis on health, income, and family.
Methods: Using data from a 1953 Swedish birth cohort (RELINK53, n= 110,154), unemployment during the 1990s economic crisis hits the cohort roughly at ages 37-47 with putative differential prevalence by education. Following the paradigm of “leaving no-one behind”, we will investigate heterogeneity also based on other markers of potential vulnerability such as single parenthood, migration background, and past childhood adversity. First, we model unemployment risks by social group. Second, we stratify by education and these group markers to estimate associations between experiences of unemployment during the 1990s crisis on income, health (mental health-related in-patient care, mortality, children’s birth outcomes), and family break-downs (union dissolution, child welfare involvement) in the short and in the long-term.
Results: We hypothesize that differential associations can be observed by education, but are even more pronounced by other social markers of vulnerability.
Discussion: If the risks of the crisis are not evenly distributed across social groups, increasing health inequalities might be a likely consequence. Future studies should explicitly study heterogenous effects of policies, and test whether universal or more proportionate policies could mitigate inequalities.

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Work, employment, and occupational health

228 Author(s): Hanna Rinne

„The impact of unemployment on sickness absence onset and prevalence“

Introduction: Although unemployed people generally have poorer health than those who are employed, they are not more frequently on sickness allowance. However, when they do receive it, the duration of the allowance tends to be longer. This suggests that non-take-up of sickness allowance may be more common among the unemployed people. We aimed to examine how unemployment affects the onset and prevalence of sickness absence.
Methods: We used longitudinal register data on employed and unemployed residents aged 25-62 years in Finland in 2022-2023 (N=1 774 257). We estimated random- and fixed effects linear probability models and conditional fixed-effects logistic regression for the dichotomous outcomes of sickness absence onset and prevalence, and fixed-effect Poisson regression for continuous outcomes.
Results: Among women, unemployment was linked to a slightly lower probability of sickness absence onset in the random-effects model (–0.8 percentage points, 95% CI -0.9, -0.7), and to a somewhat larger decrease in the within-person fixed-effects model (–2.3 percentage points, 95% CI -2.4, -2.1). For men, the associations were similar but weaker. Regarding sickness absence prevalence among women, the random-effects model suggested higher prevalence during unemployment (1.5 percentage points, 95% CI 1.4, 1.7), whereas the fixed-effects model indicated no effect on the likelihood of receiving sickness allowance (-0.2 percentage points, 95% CI -0.4, 0.1). However, the fixed-effects Poisson model showed that the total number of sickness absence days was higher during unemployment among women (IRR 2.08, 95% CI 1.96, 2.21). Results for men were very similar to those for women, though the fixed-effects model indicated a small reduction in the likelihood of receiving sickness allowance (-0.5 percentage points, 95% CI, -0.7, -0.3).
Discussion: Although unemployment appears to reduce the likelihood of sickness absence onset and prevalence, it is linked to a greater overall number of sickness absence days. Reducing barriers to access to sickness allowance for unemployed people would help to better identify work incapacity and ensure they receive appropriate support.

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Parallel Sessions 5 (Thursday, 20th of August 2026, 04:00 p.m. - 05:30 p.m.)

Youth, school contexts, and mental health

362 Author(s): Gemma Knowles

„Bridging Divides: Working with young people to coproduce a better understanding of gender inequalities in youth mental health.“

Introduction: *Bridging Divides* is a new five-year Wellcome-funded research programme investigating the causes of gender inequalities in youth mental health in London and Tokyo. Teenage girls consistently report higher rates of depression and anxiety than boys, yet the mechanisms underlying this gender gap remain poorly understood. Guided by meaningful youth involvement, the project asks: in a world free of sexism, misogyny, and gender inequality (SMGI), would gender differences in youth mental health persist?

Methods: *Bridging Divides* integrates secondary data analysis with several novel data-generation work-packages:

- A longitudinal cohort study of young people (n~3,000 per site) completing annual questionnaires to assess the extent, nature, and mental health impacts of SMGI.
- A nested qualitative study exploring how adolescents experience SMGI in their daily lives (n, 40–60 per site).
- Co-development of a youth-informed SMGI measure for 11-18-year-olds.
- An intensive longitudinal (‘digital diary’) study collecting daily/momentary data to examine how everyday SMGI interacts with puberty and the menstrual cycle to shape mental health (n~300 per site).

Results: Early insights from the ongoing pilot phase highlight both the pervasiveness and the multi-level nature of SMGI in young people’s lives. Qualitative accounts point to routine experiences of sexism, online and offline. Quantitative pilot data indicate gendered inequalities across schools (e.g., uniforms, curriculum, STEM/sports opportunities, disciplinary practices), families (e.g., gendered expectations/roles), and communities (e.g., high levels of harassment and safety concerns). For example, fewer than 30% of teenage girls report feeling safe at gyms or sports facilities (vs ~60% of boys), and fewer than 15% feel safe on public transport (vs ~30% of boys). Online, around 40% of girls (vs 20% of boys) report body shaming, and substantial proportions report unwanted contact, unwanted sexual images, and sexual comments. The programme will examine typologies of SMGI and the extent to which these experiences explain gender gaps in youth mental health and through which mechanisms.

Discussion: *Bridging Divides* seeks to transform understanding of the root causes of gender inequalities in adolescent mental health. Emerging findings reveal the scale and nature of SMGI in a rapidly changing world and underscore its potential impacts on mental health.

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Youth, school contexts, and mental health

253 Author(s): Tim Huijts
„Variations between types of smartphone bans and students well-being and social connectedness in Dutch secondary education“

Introduction: Concerns are growing about the impact of increased smartphone use on adolescents' mental well-being, and their cognitive and socioemotional development. In response to these concerns, smartphone bans are gaining popularity in education, with approximately 40% of countries currently implementing such policies. The Netherlands introduced a smartphone ban in secondary schools in January 2024. Some schools apply smartphone restrictions to the classroom only (partial bans), while others extend the restrictions to the whole school grounds (full bans), hoping to foster student well-being and strengthen social connectedness at school. However, there is currently no empirical evidence that stricter policies are more effective in achieving these intended benefits. The current study examined how variations in types of smartphone bans in the Netherlands affect adolescents' screentime, problematic social media use, well-being, social connectedness at school, and bullying.
Methods: The sample consisted of 1,398 adolescents aged 14-18 from 24 schools in the Netherlands (9 partial-ban schools and 15 full-ban schools) who participated in the 2024–2025 Early Predictors of School Success (EPoSS) survey. Measures of adolescents' screentime, problematic social media use, well-being, social connectedness at school, and bullying were used as outcome variables. By linking the survey data to registry data from Statistics Netherlands, we were able to take into account information on parental educational attainment, migration background, school size and school socio-economic composition. To answer the research question, we performed multilevel regression analyses in R.
Results: No significant differences between students in schools with full smartphone bans and students in schools with partial bans were found for any of the well-being or bullying outcomes. However, full bans were associated with lower student-teacher connectedness and, for girls, reduced school belonging.
Discussion: Our findings indicate that stricter smartphone bans do not yield the intended benefits for students' well-being or bullying and may even undermine students' social connectedness at school. Instead of focusing solely on stricter smartphone ban policies, it might be worth exploring if policies embedded in a broader framework of digital well-being and student support foster healthier habits.

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Youth, school contexts, and mental health

345 Author(s): Anna Prokop-Dorner, Katarzyna Zawisza, Maria Świątkiewicz-Mośny, Aleksandra Piłat-Kobla, Natalia Ożegalska-Łukasik, Aleksandra Potysz-Rzyman, Oliwia Mandrela, Małgorzata Bała

„From individual to school context: unpacking critical health literacy among youth in Poland“

As digital media use has become one of the predominant daily activities among children and adolescents, concerns are increasing regarding their susceptibility to mis- and disinformation and the potential health outcomes associated with taking decision based on unreliable information. These trends underscore the growing importance of understanding the processes of shaping critical health literacy (CHL) in youth.

We conducted a mixed-methods study in primary schools in Poland to verify how much of the pupils' ability to think critically about health claims is associated with their individual characteristics and how much with the educational environment they attend to. We assessed the level of CHL of a representative sample of 12-15-year-olds using Claim Evaluation Tools (CET) consisting of series of questions about health claims. Next, we conducted case-studies in top-performing and bottom-performing schools based on their average scores in the CET. We carried out participatory observations and group interviews among pupils and teachers in 14 schools to identify schools' educational resources. Three-level random-intercept models were estimated, with students nested within schools and within regions, to examine individual-, school-, region-level determinants of critical health literacy.

Out of 2242 pupils, 55% demonstrated ability to think critically in at least 50% of the tested health claims and 9% thought critically about at least 80% of the tested health claims. Most of the variation occurs at the individual level. Female gender, family SES, higher school year and no self-reported reading difficulties, were positively associated with the higher level of the CET. School- and region-level differences – specifically the final school year competences test score and regional GDP, accounted for a modest proportion of variance (ICC=0.05 and ICC=0.01, respectively).

Our findings indicate the complexity of determinants shaping pupils' CHL. The role of individual potential and the family context are of key importance. However, school educational resources and, to a smaller extent, regional contextual factors, should not be forgotten when planning educational interventions in the domain of critical thinking about health.

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Youth, school contexts, and mental health

168 Author(s): Nina Van Eekert, Cecil Meeusen, Lise Rosquin, Tara De Laet, Kristien Michielsen
„Parental attitudes and practices toward school- and home-based sexuality education in Belgium: A national probability survey“

Introduction: In recent years, debates around sexuality education (SE) have become more strident. Despite parents being central to these debates, little research has been conducted on whether and how they are influenced by the intensifying resistance to (parts of) SE. Furthermore, while opponents of SE frequently assert that educating children about sexuality is a fundamental parental responsibility, it remains unclear to what extent parents actually fulfill this role and feel confident in providing SE. There is a need for a nuanced and comprehensive understanding of how parents perceive and navigate their responsibilities amidst the growing polarization on SE. This study therefor assesses parental attitudes and practices towards school- and home-based SE in Belgium. This is particularly important as parental attitudes relate to young peoples access to sexuality education which is essential for health because it equips young people with the knowledge and skills needed to make safe, informed decisions that support their physical, emotional, and relational wellbeing.
Methods: We rely on a recent national probability-based survey that was conducted in Belgium in Autumn 2025. Data were collected via The Social Study (TSS), which comprises a probability-based sample of Belgian citizens aged 16 and above. A sample of over 4000 respondents, of which an estimated 1200 respondents are parents of children under the age of 18 years, completed a survey on attitudes towards SE. Parents received a number of additional questions on SE practices.
(Anticipated) Results: Data was collected between October and December 2025. Analyses are currently ongoing and will focus on (i) the extent of parental support for school-based and home-SE and thereby the level of polarization on the topic; (ii) identifying which background characteristics correspond to supportive and opposing attitudes towards school-based and home-SE; (iii) examining which parents resort to taking action against school-based SE; (v) assessing parental practices and self-confidence related to home-based SE.
Discussion and Conclusion: This study will provide a reliable overview of parental attitudes and practices on school-based and home-based SE, and their position in the ongoing debates on SE.

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⬆ Back to Overview „Youth, school contexts, and mental health“.

Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Family, parenting, and early childhood development

221 Author(s): Sara De Bruyn, Manon Hoedt, Koen Ponnet, Edwin Wouters
„Pregnancy and birth experiences as early determinants of parental and infant mental health“

Introduction: The foundations of mental health are deeply embedded in early social interactions. Infants come into the world relatively helpless and rely on their caregivers to regulate basic physiological functions, manage emotional arousal, and support emerging day-night rhythms. Through repeated interactions between infant stress and attuned caregiving, early self- and co-regulation processes are established, forming the basis of socio-emotional development. When these processes are disrupted, infant regulatory problems (RP), such as excessive crying, sleep disturbances and feeding difficulties, may emerge. RP are common in early infancy and represent a significant public health concern. Previous research has predominantly focused on individual-level risk factors, including infant temperament, parenting practices and parental mental health. However, parental and infant mental health does not develop in a social vacuum. Pregnancy and birth experiences may constitute important early stressors that shape parents' emotional well-being and their capacity for attuned co-regulation, yet their role in the development of infant RP remains underexplored.
Methods: Data were drawn from a large prospective birth cohort (n = 6,745). Parents of infants aged 3 and 6 months retrospectively reported on pregnancy and birth experiences, as well as on current parental stress, mental health and infant regulatory problems. Pregnancy- and birth-related factors included pregnancy and birth experiences, substance use during pregnancy, mode of delivery, and early mother-infant separation after birth. Associations between these factors, parental stress and infant RP will be examined using structural equation modeling (SEM).
Results: Preliminary bivariate analyses suggest that several negative pregnancy- and birth-related factors are associated with higher levels of parental stress in the early postnatal period. Increased parental stress, in turn, is related to a higher prevalence of infant regulatory problems. More in-depth SEM analyses will be presented at the conference.
Discussion: These initial findings highlight pregnancy and birth experiences as important, yet often overlooked, early-life determinants of both parental and infant mental health. By situating RP within a broader social and medical context, this study contributes to a more comprehensive understanding of early mental health trajectories. The results underscore the importance of preventive strategies that support parental mental health and parent-infant interactions from pregnancy onwards.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Family, parenting, and early childhood development

249 Author(s): Niina Metsä-Simola, Philipp Dierker, Alice Goisis, Hanna Remes
„From pre-pregnancy to the early school years: maternal mental health and child´s ADHD in Germany and the UK“

Introduction: Up to 8% of children have attention deficit/hyperactivity disorder (ADHD). They are more likely to live with mothers in poor mental health, yet little is known about how these interdependencies unfold over time and whether they vary by socioeconomic and institutional context. Drawing on life course theory and the concept of linked lives, we examine bidirectional associations between maternal mental health and child ADHD risk from pre-pregnancy to the early school years, and whether these associations differ by family income in Germany and the UK.
Methods. We used data from the German Socioeconomic Panel Study and the UK Household Longitudinal Study. Maternal mental health was measured using the SF-12 Mental Component Summary score, and children's high ADHD risk was defined as the top decile of the SDQ Hyperactivity/Inattention Subscale at school entry (ages 5–6). First, we used linear probability models to examine whether maternal mental health before and during pregnancy and in early childhood predicts children's high ADHD risk at school entry. Second, we used linear regression models to assess how a child's high ADHD risk predicts maternal mental health during early school years and changes from pre-pregnancy. Third, we examined moderation by household income.
Results. Poor maternal mental health before pregnancy was associated with child's high ADHD risk in the UK, whereas in Germany the association emerged during pregnancy. Poor maternal mental health in early childhood was associated with the child's high ADHD risk at school entry, particularly among lower-income German mothers. Child's high ADHD risk was consistently associated with declining maternal mental health from before pregnancy to child ages 6–8 among lower-income mothers in Germany, but only among higher-income mothers in the UK.
Discussion. The findings suggest that mothers' and children's mental health are linked over time, with the association between maternal mental health and child's ADHD risk extending from the period around pregnancy through the child's early school years. In addition to family resources, differences in institutional contexts, such as the level of family support, may shape how these associations evolve over time, but further research is needed to establish their role.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Family, parenting, and early childhood development

266 Author(s): Fien Plochaet, Febe Hertveldt, Sara De Bruyn, Binu Singh, Monica Dhar, Bea Van den Bergh, Bart Boets, Edwin Wouters
„Preventive parenting program targeting early infant regulatory problems: A mixed-methods feasibility study“

Introduction: Early regulatory problems, such as excessive crying, feeding difficulties, and sleeping problems, are common in infancy and can place considerable strain on parents. When persistent, they are associated with increased risk for later socio-emotional, behavioral, and developmental difficulties in children, as well as increased parental stress. Despite their prevalence and potential long-term impact, preventive, evidence-based interventions in primary care are lacking. To address this gap, we developed a structured parenting support program embedded within the Flemish preventive child health care system. Prior to conducting a randomized controlled trial (RCT), a pilot study is being conducted to evaluate feasibility and acceptability from both parent and provider perspectives.
Methods: A mixed-methods pilot study is currently being conducted. Approximately 14 families with infants aged 4-6 months participate in a parenting program consisting of one individual session, five group sessions, and access to a psycho-educational app. Among parents, acceptability is assessed using questionnaire items informed by the Theoretical Framework of Acceptability (TFA), covering affective attitude, burden, intervention coherence, perceived effectiveness, and self-efficacy. The questionnaire combines Likert-scale items and open-ended questions. In addition, a focus group is conducted with the eight psycho-educators delivering the intervention to explore feasibility, fidelity, implementation experiences, and suggestions for refinement.
Quantitative data will be analyzed descriptively. Qualitative data from parent open-ended responses and the provider focus group will be analyzed to identify strengths, barriers, and areas for improvement.
Results: Data collection will be completed in early March 2026. Findings regarding recruitment, retention, parental acceptability across TFA domains, and provider-reported feasibility will be presented at the conference. These results will inform refinements of the intervention protocol and study procedures prior to launching the full-scale RCT.
Discussion: This pilot study provides a theory-informed assessment of feasibility and acceptability by integrating parent and provider perspectives. Evaluating implementation processes prior to effectiveness testing is essential to optimize intervention coherence, delivery, and engagement before proceeding to randomized evaluation within preventive child health care.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Family, parenting, and early childhood development

293 Author(s): Raphaël Hammer, Isabelle Carrard, Marielle Schmied
„Food anxiety in pregnancy: Bodily norms and risk discourses“

Introduction: Nutrition during pregnancy is a major medical and public health concern. Official recommendations stress avoiding foods that pose infection risks, managing weight gain, and maintaining a balanced diet. Pregnant women's eating practices involve not only medical risks but also psychosocial and physical dimensions that extend beyond pregnancy and childbirth. While anthropological perspectives view eating as an act of incorporation, sociological analyses have mainly framed food-related anxiety in terms of "risk culture," the medicalization of food, healthism, and norms of motherhood. However, these frameworks do not fully capture the complexity of attitudes toward food and body changes during pregnancy. This presentation aims to explore the meanings associated with anxieties and concerns about food consumption among pregnant women.
Methods: Face-to-face qualitative semi-structured interviews were conducted with a purposeful sample of 20 pregnant women in Switzerland. The interviews explored experiences with official nutrition recommendations, perceptions of healthy and risky foods, and dietary changes in everyday life. Data analysis followed the principles of empirical typology construction.
Results: All participants expressed a desire to follow dietary recommendations to protect their baby's health. Several types of food-related anxiety were identified, reflecting different positions toward nutritional advice and experiences of bodily change. The typology reveals diverse meanings of risk in food adaptation during pregnancy: from fear of infectious risks and avoidance of potentially dangerous foods, to an emphasis on healthy eating aimed at optimizing fetal development, and the use of dietary control as a form of self-discipline. Efforts to comply with recommendations — often accompanied by feelings of insufficient knowledge or inadequate performance — reveal embodied, moral, and identity-related tensions. One type included women characterized by an absence of anxiety regarding eating practices during pregnancy.
Discussion: Viewing anxiety as a social issue rather than solely a psychological concern highlights its plural nature. Food-related anxiety reflects how risk discourses and social norms surrounding the body shape subjective experiences of food adaptation during pregnancy. These findings also raise the question of situating pregnancy-related food anxiety within a broader life-course perspective.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Spiritual care

115 Author: Ariela Popper-Giveon, Yael Keshet
„Layers of senses – Experiencing intercorporeality in spiritual care“

Introduction: Teletherapy, namely, therapy that uses technology for communication between patients and therapists, became popular during the uncertainty of the Covid-19 pandemic. It is challenged by the impersonal nature of remote and digital communication. Using Merleau-Ponty's theoretical concept of intercorporeality, which refers to the perceived reciprocity between two people's bodies during communication, this lecture aims to elaborate on spiritual caregivers' experience of interacting with patients during teletherapy.
Methods: Semi-structured in-depth interviews were conducted with 15 Israeli spiritual caregivers who use various forms of teletherapy.
Results: Interviewees emphasized their physical presence with the patient as a main principle in spiritual care. They indicated the involvement of nearly all senses in physical presence therapy, which allows for joint attention and compassionate presence. When making use of various communication technologies in teletherapy, they reported the involvement of fewer senses. The more senses involved in the session and the clearer it is that space and time are shared by both caregiver and patient, the stronger the caregiver's presence with the patient. Interviewees experienced teletherapy as eroding the multisensory joint attention and intercorporeality and, hence, the quality of care.
Discussion: We point at the advantages of teletherapy for therapists in general and spiritual caregivers in particular but claim, nonetheless, that it challenges the main principles of therapy. Joint attention in therapy is, fundamentally, a multisensory phenomenon that may be understood as intercorporeality. Our use of the notion of intercorporeality sheds light on the reduction of the senses involved in remote interpersonal communication and its impact on care and, more generally, the interpersonal communication experienced during telemedicine.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Spiritual care

182 Author(s): Holly Watson, Enrico De Luca, Ross Bindler, Beth Darnall, Marian Wilson
„Exploring chronic pain and spiritual well-being: Outcomes of a nurse-led psychoeducational program“

Introduction: Emerging evidence suggests that spiritual well-being may play a supportive role in chronic pain management. Although some studies have identified correlations between spiritual well-being, mental health, and pain-related experiences, translation into clinical practice remains limited. In this presentation, we examine such outcomes alongside previously unpublished spiritual well-being data from our randomized clinical trial (RCT) evaluating a psychoeducational program for adults with persistent pain. Spiritual well-being will be explored in relation to primary and select secondary outcomes—including pain catastrophizing, depression and anxiety—to gain insight into how spirituality may interact with the pain experience. The construct of spirituality using the applied self-report instrument will be described.
Methods: We conducted a rapid literature review examining the relationship between spirituality and chronic pain, identifying links between spiritual well-being, meaning-making, and health. We then conducted a secondary analysis of data from our RCT of nurse-delivered Empowered Relief®, a pain education and skills training program (N=150; U.S. adults). While the original RCT focused on pain catastrophizing and other clinical outcomes, this analysis explores how spiritual well-being—via the Spiritual Health and Life Orientation Measure (SHALOM)—relates to mental health and pain outcomes over time. This secondary analysis reframes the dataset to evaluate whether spirituality may function as a supportive resource in chronic pain.
Results: No significant between and within group differences in SHALOM scores were found across the study period. Upon conclusion, moderate correlations were observed between SHALOM and depression, anxiety, and anger. Findings across the SHALOM domains—Personal, Communal, Environmental, and Transcendental—will be defined and discussed in the context of the full dataset.
Discussion: Secondary analysis suggests that spiritual wellbeing may contribute to psychological health among individuals with chronic pain. The observed correlations indicate that higher spiritual wellbeing could be associated with lower distress. SHALOM domains may support coping in distinct ways, including personal meaning, connectedness, environmental harmony, and transcendental beliefs. Future research should include alternative spiritual well-being measures, and culturally, religiously, and spiritually diverse participants to examine how varied world views shape these relationships. Integrating spiritual well-being assessment and care, and preparing healthcare professionals to address spirituality within pain services, may enhance holistic care.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Spiritual care

187 Author(s): Enrico De Luca, Barbara Sena
„Developing a meditative hospice model: Advancing and integrating spiritual care in palliative and end-of-life services“

Introduction: Despite its recognised importance in palliative and end-of-life care, spirituality has long been marginalised within Western biomedical models. While international frameworks increasingly emphasise the importance of spiritual needs in holistic care, definitions and practices remain inconsistent. In Italy, the 'Borgo Tutto è Vita' Hospice is a pioneering non-denominational model in which spirituality is at the heart of a clinically regulated environment. This study explores how spirituality is conceptualised and enacted within many of the activities and approaches organised by this organisation, with a particular focus on the spiritual care needs of patients and caregivers in end-of-life contexts.
Methods: This paper presents a multi-method case study, which was based on semi-structured interviews with the founders, professional staff, and volunteers of the 'Borgo Tutto è Vita' Hospice in Tuscany. The study also involved observations of the spiritual activities organised by the organisation, as well as an analysis of the documents used to formalise their model.
Results: The data analysis provides an analytical framework of the 'Borgo Tutto e' Vita' model, examining spirituality and perceptions of meditative practices, as well as approaches to supporting the spiritual needs of patients and their families at the end of life, and experiences of integrating spiritual practices into care. Early findings suggest that this model recognises spirituality as a fundamental aspect of care. This is expressed through meditation, reflective dialogue, communal rituals and an intentionally designed physical environment that supports introspection and connection for patients, their families and staff. All of them are involved in the same process. The funders emphasised that the model is explicitly non-religious, focusing on personal meaning.
Discussion: Our Analysis shows that this model may offer a structured, holistic and potentially transferable approach to meeting the spiritual needs of patients and caregivers within healthcare or palliative services, which is still lacking in the Italian NHS. It also indicates that the spiritual care model provided by Borgo's staff, who support other hospices in the area, is important in helping healthcare professionals differentiate between spiritual and psychological care. This reduces conceptual ambiguity and clarifies the complementary roles of spiritual care staff, clinical teams, and psychologists.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Spiritual care

301 Author(s): Giovanna Artioli, Andreina Saba, Maria Chiara Gandini, Laura Bertarini, Pierpaolo Servi, Orejeta Diamanti, Frederica Dellafiore
„Awareness of spirituality among healthcare professionals working in palliative care: A qualitative grounded theory study“

Introduction: Spirituality is widely acknowledged as a fundamental dimension of palliative care, together with physical, psychological, and social aspects. Nevertheless, its conceptual vagueness and the absence of structured, context-specific education frequently limit its consistent assessment and integration into everyday clinical practice. Consequently, healthcare professionals may struggle to identify spiritual needs and to transform reflective understanding into shared care planning. This study investigates how palliative care professionals conceptualise spirituality and how it is implemented in clinical settings.
Methods: A Constructivist Grounded Theory approach, following Charmaz, was adopted through an iterative process of data collection and analysis. Semi-structured narrative interviews were conducted with health professionals working in end of life settings in northern Italy. Interviews were audio-recorded, transcribed verbatim, and analysed using initial and focused coding supported by the constant comparative method. Systematic memo writing facilitated reflexivity and theoretical development. Theoretical sampling guided recruitment until theoretical saturation was reached.
Results: 15 healthcare professionals working in hospice, oncology inpatient care, and palliative care settings in northern Italy were interviewed. The core category, *Transforming the everyday into something meaningful*, emerged through six interrrelated dimensions. (1) *Relating within a New Normality* describes how professionals center the patient and co-construct a shared sense of normality through deep listening and attuned presence. (2) *Living Proximity* reflects the development of closeness into reciprocal emotional engagement, transforming vulnerability into professional and personal gratitude. (3) *From Protective Resources to Seeing Beyond the Visible*highlights the role of team support and reflective practices in managing emotional intensity and broadening understanding. (4) *Intersection of Professional and Personal Change* illustrates a shift from emotional restraint towards balanced distance, redefining relational competence and personal priorities. (5) *Sensitivity and Familiarity with Spirituality* refers to an increased ability to recognize spiritual expressions. (6) *Spirituality as a Foundational Resource* integrates meaning-making, interiority, values, and transcendence into everyday care.
Discussion: The findings highlight a transformative professional process in which relational practice reveals a deeper dimension of care influencing meanings, decisions, and actions. This process reshapes experiences of suffering and fosters dignified, person-centred care, emphasizing the importance of experiential, context-specific training to effectively integrate spiritual assessment into palliative care pathways.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Trauma in times of uncertainty

231 Author(s): Baptiste Brossard
„The traumatic imagination: Rethinking trauma as social process“

In recent decades, trauma has become a dominant framework through which past-related suffering is interpreted in Western societies, shaping clinical practice, public discourse, and everyday self-understanding. Yet the concept of “trauma” remains theoretically vague and sociologically underexamined. What can sociologists do with participants who describe their experiences in terms of trauma? It is insufficient either to reduce trauma to social construction or to take such accounts at face value. A sociological reconceptualisation is therefore needed.

This presentation proposes such a reconceptualisation of trauma as both a lived experience and a cultural category operating across multiple scales of social life. Rather than treating trauma solely as an individual occurrence, this perspective examines its emergence across interactional settings, life trajectories, ritual practices, and cultural formations. Central to this perspective is the notion of traumatic imagination: a historically situated orientation through which individuals and groups act in the present under the imprint of painful pasts.

Following this theoretical overview, the presentation draws on qualitative interviews with participants originally recruited through prior research on self-harm, behavioural addictions, and depression in France and Australia, with whom repeated biographical interviews have been conducted. Focusing on the scale of the life course, the presentation argues that trauma may be understood as a socialising process, illustrated through an in-depth case study of one participant, a survivor of sexual assault whose biography illuminates the shifting and uneven effects of trauma over time. The analysis demonstrates how the proposed framework connects individual biography with wider social forces.

The presentation concludes by calling for an alternative sociological model of trauma that moves away from the vocabulary of “event”, “symptoms” and “recovery” toward a relational understanding of past-related suffering.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Trauma in times of uncertainty

262 Author(s): Oliver Nix, Maximilian Frentz-Göllnitz, Gabriele Doblhammer
„Depressive symptoms and widowhood across Europe: Anticipation, transition, and recovery in periods of uncertainty based on SHARE data“

Widowhood is a common late-life transition in ageing societies and a major driver of changing household composition in Europe. It often entails the reorganization of everyday routines, social roles, economic planning, and care responsibilities, while increasing risks of health deterioration and social isolation. From a sociological perspective, widowhood can be conceptualized as a status change whose consequences are shaped by individual resources and institutional contexts. Despite extensive bereavement research, cross-national and wave-based evidence across European settings remains limited, particularly regarding how widowhood is temporally embedded in broader societal crises and periods of uncertainty.
We examined the association between widowhood and depressive symptoms (EURO-D) using the Survey of Health, Ageing and Retirement in Europe (SHARE), covering 8 available waves and 29 participating countries (N men = 49,872; N women = 49,958). The central research question is: To what extent is the period before and after widowhood associated with changes in depressive symptomatology, and do periods of uncertainty modulate these changes? As a first analytical step, we estimated logistic regression models with time to/since widowhood as the key predictor, depressive symptomatology as the outcome controlling for repeated observations. Models were adjusted for time-varying measures of sociodemographics, health, lifestyle, and social connectedness.
Preliminary results indicated a substantially elevated risk of depressive symptoms in the wave following widowhood compared with individuals who remained continuously married (OR 2.92, p<.001). Among women, elevated risks were already observable up to two waves prior to the transition into widowhood (t-2: OR 1.32, t-1: OR 1.51, both p<.001), which was not the case for men. For both men and women, significantly heightened risks persisted for up to four waves after the event. Stepwise models suggested that post-widowhood differences in depressive symptoms were attenuated after adjustment for lifestyle-related factors.
Next, we will model the effect of widowhood with greater attention to period shocks. We will integrate a crisis component to assess whether macro-societal shocks such as the financial crisis or the COVID-19 pandemic amplified, attenuated, or unevenly distributed the mental health impact of widowhood across national contexts. Fixed effects model will follow to strengthen the causal interpretation of these associations.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Trauma in times of uncertainty

302 Author(s): Dana Abdelfattah, Laura Hertner, Emily Frank
„Mental suffering in context: Distinguishing between mental illness and existential forms of suffering among displaced and non-displaced populations in Lebanon“

Intro: Despite living in times of uncertainty and even in conflict affected settings and communities, the dominant research paradigm situates mental sufferings 'under the jurisdiction of psychiatry,' equating mental sufferings with mental illness. Although efforts are made to comprehend the social determinants of mental illnesses, this approach still comes with the risk to decontextualize, individualize and pathologize sufferings inextricably linked to social and political injustice. Lebanon provides a particularly relevant setting: it received large numbers of Syrian refugees while facing chronic political instability, severe economic crisis, and intermittent armed conflict.
Objective: Applying an explorative approach, this study investigates how different forms of mental suffering are distributed across displaced and non-displaced populations living under conditions of chronic conflict and uncertainity, and whether standard mental health measures may obscure socio-politically embedded expressions of mental suffering. Alongside the Patient Health Questionnaire (PHQ), a standard symptoms-based screening instrument of depression, we apply the Feeling Broken and Destroyed scale (FBD) developed from qualitative group interviews with Palestinians, to assess more existential forms of mental sufferings tied to social and political injustice and violence.
Methods: Using data from the TRANSMIT survey collected in Lebanon between October and December 2023 among Syrians (N=1,228) and members of the receiving community (N=1,221), we conducted independent- and paired-sample t-tests to assess statistically significant differences across distinct forms of mental suffering.The analyses compare (1) two subpopulations, both chronically affected by political conflict; (2) displaced and non-displaced groups, and situate these differences within a contemporary socio-political context marked by severe economic precarity, political deadlock, and escalating regional violence following October 2023.
Results: Findings show sufficient discriminant validity of PHQ and FBD, indicating that they capture different forms of mental sufferings. While mental suffering was prevalent among both subsamples, Syrian respondents reported higher overall suffering and markedly higher levels on the FBD than on the PHQ, whereas scores were more similar among their Lebanese neighbors. The study demonstrates the applicability of the FBD in a large-N sample and extends its use to displaced populations. Future research should examine predictors of these different forms of suffering to clarify underlying mechanisms.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Trauma in times of uncertainty

343 Author(s): Shaul Bar Haim
„New temporalities of trauma: Anticipatory selfhood and the emergence of trigger culture“

While trauma culture in the twenty-first century is pervasive across medicine, politics, and public life, the language of trauma has shifted in the last decade to include concepts such as ‘trigger warnings’, ‘safe spaces’, ‘microaggressions’, and ‘gaslighting’. This paper argues that this new vocabulary signals a transformation in the epistemological status of the traumatic ‘event’. Whereas previously a discrete horrific event served as the primary axis for recognising post-traumatic suffering, trauma is increasingly understood in anticipatory and future-oriented terms.
This shift has produced what I call a contemporary trigger culture, in which policymakers, educators, and clinicians seek to manage the social environment to minimise the risk of triggering symptoms. The temporal understanding of trauma has consequently shifted toward: (1) ongoing conditions of hardship rather than a single catastrophic event, such as abusive relationships, severe poverty, war, authoritarian regimes, or climate instability; and (2) the anticipation of future symptom eruptions linked to past experiences that may not have been recognised as traumatic at the time. As the range of potentially traumatic experiences expands, the ‘event’ loses its central role as a form of medical and epistemic currency.
Focusing on two case studies — debates over trigger warnings in Anglophone higher education in the 2010s and growing interest in anticipatory eco-trauma — the paper demonstrates a structural shift in the temporality of trauma. Rather than a primarily past-oriented framework, trauma is increasingly mobilised in shaping what sociologist William Davies (2025) terms ‘anticipatory selfhood’, characterised by heightened attention to future risk and uncertainty, particularly in relation to environmental crisis, geopolitical instability, and technological change.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Social determinants of health and health inequalities

171 Author(s): Benediktas Gelūnas

„Lampshading social determinants of health: A qualitative study of Lithuanian health policy documents“

Introduction: The concept of social determinants of health (SDH) is widely promoted in international health policy guidelines as a way of recognizing the socioeconomic origins of health inequalities. However, many countries struggle with its implementation in national frameworks. In Lithuania, SDH are referenced in strategic health documents, yet little attention has been paid to how these determinants are conceptualized and translated into actionable plans. The presentation examines how Lithuanian health policy documents frame and operationalize SDH.
Methods: The presentation is based on a qualitative document analysis of 30 Lithuanian national and municipal health policy documents. Documents were analyzed using a combination of inductive and deductive coding, comparing SDH-related policy discourse with general goals, concrete objectives, and implementation strategies. Particular attention was paid to how individuals, institutions, and structural factors are positioned within policy narratives.
Results: The analysis indicates that, while some Lithuanian top-level documents recognize SDH, actionable health policy remains predominantly biomedically-oriented and, when it comes to social factors, focuses on responsibilizing individuals rather than institutions. The gap is further emphasized by public health and municipal policies missing any reference to SDH. Explicit structural measures within the health sector remain limited and, where health inequity is addressed, it is practically treated as an issue of specific disadvantaged groups and responsibility of other government departments.
Discussion: Findings suggest that Lithuanian health policy frames inequity as a reality that preexists political action, and thus as a state from which individuals must be saved rather than something to be changed itself. In this context, SDH discourse functions largely as a performative framework that enables recognition of a problem while leaving the conditions that reproduce it intact – a dynamic comparable to what is known in popular media criticism as lampshading. The study shows how structurally-oriented discourse is diluted in health policy by layering it in contradictory governance ideology, siloed institutional mandates, and moral responsibility outsourced to personal choice. The results are interpreted within the context of Lithuanian historical organizational legacy and neoliberal reforms. Recommendations include expanded SDH monitoring, explicit SDH programs to avoid layering, and community integration to reconnect health and social issues.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Social determinants of health and health inequalities

194 Author(s): Jayanta Bora, Gabriele Doblhammer
„Social patterning of combined mental and physical multimorbidity: A latent class analysis of the German National Cohort (NAKO)“

Introduction: Multimorbidity and depression frequently co-occur and contribute substantially to the population health burden. However, little is known about how distinct patterns of physical and mental conditions cluster in the population and how these patterns are socially patterned. This study aimed to identify latent multimorbidity profiles in a large population-based cohort and to examine socioeconomic predictors of class membership and the association between multimorbidity burden and depression.
Methods: Data were drawn from 204,381 participants aged 19–75 years in the German National Cohort (NAKO). Eleven self-reported chronic conditions were analyzed. Latent class analysis with a logit link was used to identify multimorbidity profiles. Multinomial logistic regression examined associations between latent classes and education, employment status, marital status, smoking, alcohol consumption, age, and sex. Multimorbidity burden was further modelled using negative binomial regression and ordered logistic regression.
Results: A three-class solution provided optimal fit (AIC = 1,089,897; BIC = 1,090,255). The largest group (Class 1) had a low disease-burden profile (82.3%). Class 2 (9.3%) was characterized by elevated probabilities of depression and cardiometabolic conditions and was labelled the mental–cardiometabolic multimorbidity class. Class 3 (8.5%) showed high probabilities of hypertension and multiple somatic diseases, corresponding to a cardiovascular multimorbidity class. Lower educational attainment and unemployment were consistently associated with higher odds of belonging to Classes 2 and 3 relative to Class 1 (all $p < .001$). Smoking increased the likelihood of membership in both multimorbidity classes, whereas alcohol consumption was inversely associated. Older age was strongly associated with cardiovascular multimorbidity. Women were more likely to belong to the mental–cardiometabolic class but less likely to belong to the cardiovascular–multimorbidity class. Negative binomial regression demonstrated that depression was independently associated with a higher number of chronic conditions ($\beta = 0.32$, $p < .001$). Sensitivity analyses using ordered logistic regression confirmed that depression predicted higher multimorbidity severity ($\beta = 0.55$, $p < .001$).
Discussion: Distinct multimorbidity profiles exist in the German adult population and are strongly patterned by socioeconomic and behavioral factors. Depression is robustly associated with increased multimorbidity burden, underscoring the need for integrated mental and physical health strategies targeting socially disadvantaged groups.

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⬆ Back to Overview „Social determinants of health and health inequalities“.

Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Social determinants of health and health inequalities

321 Author(s): Pilar Vidaurre Teixido, Miguel Angel Martinez Beneito, Mirza Balaj, Terja Andreas Eikemo
„Variation in social determinants of health across welfare regimes - A principal component analysis on 29 European countries“

Background: Despite extensive research on Europe's public health landscape, contemporary, theory-driven analyses that take a holistic and political perspective remain scarce. While the importance of examining health through multiple determinants is well established, empirical work continues to focus on specific risk pathways and narrow contexts, resulting in fragmented knowledge and limitations in implementing public health science into policy. Guided by the framework developed by the WHO Commission on Social Determinants of Health (SDoH), we adopt a political economy perspective to offer the most comprehensive comparative overview to date of SDoH across 29 European countries.
Methods: Using data from the European Social Survey Round 11, we group 25 variables from the core and rotating modules into seven dimensions in line with the WHO framework: material, behavioral, occupational, educational, psychosocial, social capital, and healthcare determinants. For each dimension, we construct comparative national disadvantage index through Principal Component Analysis.
Results: Preliminary results show different degrees of variability in the distribution of SDoH across Europe. Educational risks show higher prevalence in the Southern regimes, Social Capital risks in Southern and Eastern regimes, and Occupational risks in Scandinavian regimes. Behavioural risks present a lot of variability between countries but no clear pattern across regimes, while psychosocial and healthcare access risks are more evenly distributed across Europe. Variability according to sex also varies between dimensions. Behavioural and occupational risks are more prevalent in men across all countries and regimes, while healthcare, material and psychosocial risks are slightly more prevalent in women
Discussion: SDoH are unevenly distributed across countries, regimes, and sexes, reflecting potential political and institutional influences. These findings underscore the need comparative research and targeted policies to inform equitable health strategies across Europe.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Social determinants of health and health inequalities

356 Author(s): Núria Pedrós Barnils, Paola A. Mosquera, Per E. Gustafsson
„The use of decision trees to identify intersectional inequities in unmet health care needs in Sweden following the 2010 Choice in Primary Health Care reform“

Background: Quantitative intersectional epidemiology has focused predominantly on population health outcomes, paying limited attention to policy evaluation. Furthermore, the field faces methodological challenges in balancing methods that oversimplify complexity with those that operate on hard-to-interpret large matrices. This study examines the effect of the 2010 Swedish Choice in Primary Health Care (PHC) reform, which privatised some primary care services, on unmet health care needs (UHCN) across intersectional groups identified using a novel application of decision trees.
Methods: Using data from the Health on Equal Terms survey (2007–2014, N=69,644), a Model-Based Recursive Partitioning (MOB) decision tree was applied to target heterogeneity in reform effect estimates across intersectional subgroups. Furthermore, the final decision tree (i.e., intersectional subgroups) was selected using a post hoc approach based on the Area Under the Receiver Operating Characteristic Curve.
Results: Although the prevalence of UHCN decreased by 11% after the reform, the effects varied across intersectional groups. Significant reductions were observed among middle-aged, low-income, low-education non-Nordics (PR reform = 0.85, $p < 0.05$) and among middle-aged, high-income non-Nordics from the Global North (PR reform = 0.72, $p < 0.05$). However, most Swedish and Nordic groups showed minimal changes (PR reform = 0.93–1.10), and middle-aged, high-income immigrants from the Global South showed a trend toward higher UHCN (PR reform = 1.21, not significant). Compared with the reference group (older, high-income Swedes), low-income, low-education non-Nordic immigrants (PR = 5.14, post-reform) and those from the Global South, regardless of income level (PR = 4.77, post-reform), had the highest UHCN rates before and after the reform.
Conclusions: This study demonstrates the usefulness of MOBs for the intersectional evaluation of policies, revealing complex patterns. Following the Swedish Choice in PHC reform, heterogeneous effects are observed across intersectional subgroups, with historically persistent inequities in healthcare access for non-Nordic immigrants.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Social determinants of health and health inequalities

358 Author(s): Eero Lahelma, Ossi Rahkonen, Sakari Karvonen
„Should we study negative or positive health?“

"Those who are well don't need a physician, but those who are sick"
The concept of health shapes the way health is understood in our studies. A major conceptual division is that between negative/poor health and positive/good health. It has been argued that despite its positive linguistic formulation, the concept of “health” is primarily a negative one. Thus, “health” essentially denotes poor health, and poor health logically precedes good health. Being healthy, is a normal state, with no specific signs or external causes. In contrast, poor health has identifiable signs and causes, which constitute a major task of medical sociological research. We examine the prevalence of negative/poor and positive/good health and related educational inequalities.
Methods: Data from nationwide Healthy Finland Survey were used, including participants aged 20-64 years (n=11012). Self-rated health (SRH) was measured on a scale ranging from negative/poor through intermediate to positive/good health, and education was classified into tertiles. Age-adjusted prevalences and prevalence ratios by education were calculated.
Results: The overall prevalence of fairly poor/poor SRH was 10% for both genders. The prevalence of fairly good/good SRH was 68% for men and 66% for women. In the lowest educational tertile, the prevalence of fairly poor/poor SRH was 13%, 10% in the intermediate and 7% in the highest tertile, for both genders. The ratio of SRH highest to lowest education was 1.7 for men and 1.8 for women. For fairly good/good SRH, prevalences for both genders ranged from 58-59% to 73-74% across educational tertiles. The ratio for SRH lowest to highest education was 1.3 for both genders.
Discussion: First, fairly good/good SRH is an inadequate discriminator, as its prevalence is very high and its variation by education is limited. Second, fairly poor/poor SRH shows stronger educational inequalities than fairly good/good SRH, with minimal gender differences. Importantly, following the negative/poor health concept is recommendable in medical sociological studies, as it enables the identification of those suffering from poor health and highlights health inequalities. Finally, people in need of medical treatment are best found among those with poor health, whereas people with good health are not in need of medical treatment.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Migration and mental health I

109 Author(s): Emily Frank, Jan Paul Heisig, Pierre Cosserat
„The effects of legal status on refugees' mental health: Longitudinal evidence from Germany"

Introduction: While waiting for a decision on their application, asylum seekers are placed in a state of legal precarity and exclusion that could negatively affect their mental health. While numerous studies have established an association between insecure legal status and poor mental health, little research has contributed evidence of a causal link between receiving asylum and improved mental well-being. Given the insecurity and lack of safety inherent in legal precarity, it merits further study as a potential factor shaping refugees' mental health in destination countries.
Methods: Using longitudinal population-based data from the German Socio-Economic Panel (IAB-BAMF-SOEP), we analyze mental health trajectories over the period 2016-2022 among refugee respondents. We run staggered difference-in-differences (DiD) models to provide a longitudinal analysis of the relationship between asylum and mental health. We compare the mental health of a "control group" of 253 respondents who never receive asylum to a "treatment group" of 380 respondents who receive asylum during the survey period, as well as mental health before and after asylum receipt within the "treatment group." Moreover, we test several mechanisms that may explain this relationship: family structure, employment, residence in shared housing, and uncertainty about the future.
Results: Our models indicate evidence of a positive effect of asylum receipt on mental health after including all controls. Respondents who receive asylum demonstrating a mean improved mental health of 0.476 standardized units (95% CI 0.171, 0.781) and 12.1 percentage points lower likelihood of poor mental health (95% CI -0.387, -0.095). Sensitivity analyses indicate that this relationship may be driven by the decreased uncertainty about the future that comes with receiving asylum, but also some rights including access to private housing.
Discussion: Our findings suggest that receiving asylum may have significant positive effects on refugees' mental health, in particular by reducing feelings of uncertainty about the future. Public health scholars and practitioners should consider the role of asylum policies and practices in shaping mental health outcomes. We discuss the role of immigration policy as a structural public health challenge and point to some identifiable and actionable steps that can be taken to improve immigrants' mental health outcomes.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Migration and mental health I

124 Author(s): Anna Prashizky

„Coping with triple uncertainty: Mental health and religious practices among Ukrainian female labor migrants in Israel“

Ukrainian female labor migrants in Israel have been living under conditions of prolonged uncertainty intensified by Russia's full-scale invasion of Ukraine and the ongoing war in Israel. As a marginalized and largely invisible group, these women face unstable legal status, labor precarity, and limited access to healthcare and social protections. This study examines the mental health implications of what is conceptualized as *triple uncertainty* and focuses on the everyday coping strategies women develop to manage sustained anxiety and psychological distress.

The study draws on an ethnographic qualitative design, including 26 semi-structured in-depth interviews with Ukrainian female labor migrants in Israel and participant observation conducted within the Ukrainian Greek Catholic Church in Jaffa. Participants include women employed primarily in eldercare and cleaning sectors, with varying legal statuses ranging from formally documented workers to undocumented migrants. Most are divorced or widowed mothers who migrated alone to support children and family members remaining in Ukraine or elsewhere in Europe.

Findings reveal that women experience triple uncertainty stemming from: (1) precarious migration status and fear of detention or deportation; (2) transnational anxiety related to the war in Ukraine and concern for family members, including relatives serving in the Ukrainian army; and (3) exposure to armed conflict and insecurity in Israel. This layered uncertainty generates significant mental distress, including chronic anxiety, sleep disturbances, emotional exhaustion, and the use of calming medication. Alongside these vulnerabilities, women actively develop coping strategies that mitigate psychological strain. These include collective prayer in church, women-led religious singing, participation in pilgrimages within the Holy Land, mutual aid networks among migrant women, moral and financial remittances to Ukraine during wartime, and leisure practices such as travel and tourism within Israel. These practices function as emotional anchors, sources of meaning, and informal mental health resources embedded in everyday life.

By foregrounding women's coping practices, this study contributes to sociological research on migration and mental health by demonstrating how religious, social, and moral practices operate as non-clinical coping mechanisms under conditions of prolonged uncertainty. The findings highlight the importance of everyday, community-based strategies in sustaining mental well-being among migrant women facing compounded insecurity in times of war.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Migration and mental health I

173 Author(s): Satadru Bhattachryya

„Displaced by climate, burdened by gender: Mental health consequences for women migrants in South Asia“

My study investigates the state of mental health consequences of environmental migration for women in Bangladesh. It uses data from the Bangladesh Environment and Migration Survey (BEMS 2019) to study this complex process. In South Asia, where gendered social institutions and structures operate along with acute climate vulnerability, women displaced by environmental shocks face a vast array of psychological risks. The research employs the BEMS dataset to use pathways of environmental degradation, which include riverbank erosion, cyclones, and salinity intrusion, to study its impact on Women's mental health. We try to identify the specific mental health outcomes among women and their causal links to the environment, contributing to a regional understanding of this issue.

The analysis is grounded in literature, which points out how environmental displacement in South Asia exacerbates pre-existing gender inequalities, thereby leading to a high incidence of psychological distress among women. Women often experience "double-burden", stemming not only from the initial disaster and loss of livelihood but also from the lack of social support networks, which are pivotal for emotional resilience (Singh et al., 2021). Post-migration, frequent encounters with economic insecurity, heightened responsibilities for caregiving in unfamiliar and insecure spaces, lead to social isolation and severe mental health problems. These factors have been seen to cause elevated levels of anxiety, depression, and chronic stress (Chowdhury et.al, 2022). Furthermore, the decline in family honor (izzat) linked to displacement and resettlement in informal spaces leads to a further compounded psychosocial burden that disproportionately affects women’s mental well-being (Ayeb-Karlsson et al., 2020).

Using content analysis from BEMS 2019, this research examines how changing intra-household bargaining power and altered social roles govern the relationship between environmental migration and women’s mental health. It argues that in Bangladesh, and in South Asia overall, climate-induced migration is a deeply gendered process that is a mental health risk multiplier. The findings highlight the urgent need for national climate adaptation and public health policies to integrate gender-sensitive, psychosocial support systems. Such interventions should aim to address the specific traumas and stressors experienced by affected women, moving beyond material aid in the face of ongoing environmental change.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Patient and public involvement to co-production in health research

240 Author(s): Giada Danesi, Guenda Bernegger, Lynda Sifer-Rivière, Anouck Alary, Isabelle Aujoulat, Mercedes Guilabert, Eva Gil-Hernández, Pura Ballester, Jose Mira Solves, Jane Sattoe, Maria Caiata Zufferey, Agnes Dumas
„Qualitative research with patients with chronic rare diseases: Backstage processes of peer-interviewing“

Peer research is a participatory approach in which citizens are actively involved as peer researchers (PRs) in all aspects of the research project alongside academic researchers (ARs). In qualitative studies, “peer-interviewing” raises some specific issues. There has been little discussion disentangling these specificities of peer-interviewing, and few papers report the processual experience of patients engaged in qualitative research as peer-interviewers.
This article presents the backstage processes of a qualitative study where twelve PRs from four European countries, who were patients or caregivers, interviewed patients living with rare liver diseases, to understand their perceptions of their well-being and needs. A meta-study was conducted simultaneously in the four countries by ARs using a common methodology to ensure consistency in the research process, offering a unique opportunity to analyze the processes of peer-interviewing in the context of chronic rare diseases.
This article sheds light on five main backstage processes of peer-interviewing: 1) self-empowerment; 2) patchworking skills; 3) managing resonance; 4) navigating reciprocity; and 5) maintaining commitment. An important finding was that these themes were present across different PRs’ profiles, which varied in terms of age, gender, patient organization membership, and time elapsed since diagnosis. Although some of these processes have been identified in other research contexts, we highlight their unique characteristics within health research. We also underscore the shadow labor of the ARs in providing logistic, emotional and scientific support to PRs and highlight the importance of enhancing reflexive practices in qualitative peer research involving vulnerable populations such as patients.

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Patient and public involvement to co-production in health research

275 Author(s): Agnes Dumas, Mathieu Bourhis, Sandrine De Montgolfier, Philippe Amiel
„The elephant in the room: The financial compensation of patient and public involvement“

Introduction: Participatory research involves patient and public representatives, who may be patients, healthcare system users, or ordinary citizens, at various stages of the research process (design, data collection, analysis, and dissemination). Creating a supportive and respectful environment is essential for those concerned, whether their engagement takes place at an individual level or within patient organizations. This supportive environment depends on the recognition of such engagement in its various forms—material, symbolic, political, or scientific. Material, and, moreover financial compensation for public or patient involvement is the proverbial elephant in the room: a pressing, practical concern that researchers encounter over and over, yet one that the literature persistently fails to address.
Methods: A critical review of gray literature was conducted. A typology of financial compensation forms was developed to highlight the ethical stakes at play, and the scientific strengths and limitations associated with financial compensation.
Results: Three forms of material recognition were identified from reports, opinions, or guides: reimbursement (recognition of material costs such as expenses incurred); compensation (recognition of immaterial costs such as time, energy, or psychological costs related to participation); remuneration (recognition of the added value of participation, based on the time, energy, skills, or expertise contributed by individuals or groups). Ethically, reimbursement should be systematic. Compensation must remain non-profit-making, and in this respect differs from remuneration, which should value the expertise gained. The remuneration of patient organizations, whether through invoicing for services rendered or the allocation of grants, reflects two distinct arrangements, positioning them either as service providers or as partners. Each model carries unique political implications and ethical consequences. Furthermore, being compensated or remunerated has social consequences for the individuals involved, as it may jeopardize their eligibility for replacement income or social welfare benefits.
Discussion: Scientific limitations and strengths of financial compensation are discussed. Overall, this work makes it possible to overcome the semantic confusion sometimes observed between the different forms of compensation. Harmonizing practices and making them more transparent could ensure fair treatment of those involved. Fair recognition also means respecting the wishes of those concerned, including their desire to volunteer and to refuse compensation.

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Parallel Sessions 6 (Friday, 21st of August 2026, 09:00 a.m. - 10:30 a.m.)

Patient and public involvement to co-production in health research

285 Author(s): Brent Taels, Florence Horicks, Silke Léonard, Teodora Lalova-Spinks, Ine Van Zeeland, Willy Dirkx, Lyzette Bax, Bernard Carton, Melissa De Regge
„The added value of Patient and Public Involvement (PPI) in oncology research: A mixed-methods cross-sectional study in four PPI Groups in Flanders (Belgium)“

Introduction: Despite group-based patient and public involvement (PPI) initiatives in oncology research being a growing trend, little research has been conducted on the added value of PPI according to the personal experiences of its contributors. This study aims to describe the personal experiences of PPI group members and PPI coordinators in Flanders (Belgium) to investigate the potential added value of group-based PPI initiatives as well as the challenges to realize this added value.
Methods: Four PPI groups in Flanders relevant to oncology research with at least one year of experience were purposefully selected. The study used a mixed-method convergent parallel design. Quantitative and qualitative data were simultaneously collected using survey questionnaires, individual interviews, and one focus group. Quantitative data were descriptively analyzed using univariate and bivariate analysis. Qualitative data were analyzed according to the Framework Method applying both deductive and inductive coding.
Results: A total of N = 52 PPI group members (RR: 46%) filled out the survey, out of which N = 7 group members were also individually interviewed, while N = 6 PPI coordinators participated in the focus group. Group-based PPI initiatives currently provide individual added value for group members as participation provides them with a sense of usefulness and belonging, while learning more about (oncology) research. Furthermore, while currently providing collective added value by improving research feasibility, this study identified two potential future roles including giving direction to research in the early design phase to improve acceptability of research as well as facilitating the dissemination of research findings to foster a democratization of research.
Discussion: Future impact studies should develop a broad set of criteria that consider all dimensions of collective added value creation, including the ability of PPI groups to initiate research topics, the extent to which they align research topics with actual (psychosocial) patient needs, and the extent to which they are involved in the dissemination strategy. Furthermore, this study also calls for tackling persisting challenges that prevent added value creation by ensuring a better social and cultural mix of group members, implementing standardized feedback procedures, and better funding of PPI groups.

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Patient and public involvement to co-production in health research

342 Author(s): Anna Levke Brütt, Tharanya Seeralan, Lena Oster
„What constitutes meaningful and successful patient involvement? Researchers´ perspectives from Germany“

Introduction: Patient involvement is supposed to strengthen patient-centeredness in health research by engaging patients as experts within research processes. It can contribute to identifying relevant research topics, designing study procedures that meet patients' needs, reflecting on findings, and supporting implementation at the policy level. However, it challenges established research practices and may create difficulties for researchers. This study aims to investigate what meaningful and successful patient involvement in health services research looks like from the perspective of researchers in Germany.
Methods: The project is being carried out in collaboration with a patient advisory board. We conducted a web-based survey. Participants were recruited via public research databases and professional networks, including the German Network for Health Services Research. In addition to sociodemographic questions, we developed a set of questions on patient involvement experience and statements based on existing frameworks on patient involvement. Researchers rated their agreement with these statements on a 7-point Likert scale. Data were analyzed descriptively. For further information, refer to Seeralan et al., 2025.
Results: A total of 160 participants (n = 108; 67.5% women) with a mean age of 46 years took part in the study. The sample included professors (n = 47; 29.4%), postdoctoral researchers (n = 59; 36.9%), and doctoral candidates (n = 46; 28.7%). Overall, 64.4% (n = 103) allocated their research interest to health services research. Most respondents (73.1%; n = 117) indicated that patient involvement activities aim to make research more relevant and responsive to patients' needs. More than two thirds (69.1%; n = 85) of respondents with patient involvement experience (n=123) agreed that patient involvement is an indispensable component of research projects. However, 25.2% (n = 31) agreed and another 28.5% (n = 35) rather agreed with the statement that patient involvement often provides no discernible added value in research projects.
Discussion: Respondents widely acknowledged the relevance of patient involvement in research. However, there was less consensus regarding its meaningful implementation and associated added value. Greater shared learning and systematic evaluation of the impact of patient involvement are needed.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Population mental health and depression

122 Author(s): Emilie Gillain, Linda Campbell, Edwin Wouters

„Exploring the role of household and individual-level factors in depression among people initiating ART in the Western Cape, South Africa“

Introduction: For people living with HIV (PLWH) in South Africa, the initiation of antiretroviral therapy (ART) marks a period of heightened uncertainty, in which not only disease progression but also personal and social futures are redefined. Mental health comorbidities are common among PLWH, with depression being the most prevalent in sub-Saharan Africa. Existing research focuses predominantly on individual-level and, to a lesser extent, community-level determinants of mental health. In contrast, the household as an intermediate level has received little empirical attention. This study investigates the explanatory value of household-level factors, in addition to established individual-level determinants, for depressive symptoms among PLWH in South Africa.
Methods: Cross-sectional baseline data were analyzed from the SINAKO cluster-RCT in South Africa (N = 316). Depression was assessed using the PHQ-9. Multivariable linear regression models with cluster-robust standard errors were utilized to examine associations between depression and individual- and household-level variables. Individual-level variables included socio-demographics, comorbidity, personal stigma, and ART-related side effects. Household-level variables comprised social support, family functioning, HIV competence, and exposure to violence.
Results: Overall, moderate to severe depressive symptoms were reported by 15.8% of participants, and 32.3% reported mild symptoms. Side effects from ART usage emerged as the strongest correlate of depression ($\beta = 3.08$, 95% CI [2.31, 3.84], $p < 0.001$), holding other variables constant. At the household level, social support was strongly associated with milder depressive symptoms ($\beta = -0.98$, 95% CI [−1.37, −0.58], $p < 0.001$), while exposure to violence was positively associated with depressive symptoms ($\beta = 1.61$, 95% CI [0.43, 2.78], $p < 0.05$).
Discussion: These findings challenge the predominant individual-level focus in mental health research and underscore the household as a meaningful analytical unit. In uncertain times, household dynamics – particularly social support and experiences of violence – shape mental health outcomes beyond individual characteristics. This has implications for designing integrated mental health interventions within HIV care that extend beyond the individual to encompass family systems. Future research should further incorporate household-level factors and explore the household’s role in shaping mental health outcomes among PLWH, particularly during ART initiation, when uncertainties may be most acute.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Population mental health and depression

258 Author(s): Anna Verjans, Elisenda Rentería, Jeroen Spijker
„Mental health: The role of health status and economic wellbeing in Mozambique“

Introduction: Common mental health disorders are rising in Mozambique. Simultaneously, the prevalence of cardiometabolic risk factors increased over the last decade, with 32% having hypertension and 4% diabetes. Their relationship and correlates have been studied in several countries, but remain underexplored in Mozambique. This study examines how health status, economic wellbeing, and household composition are associated with mental health outcomes in Mozambique, a context shaped by economic migration and internal displacement due to violence and natural disasters.
Methods: We analyzed data from 9,852 respondents in the 2022–2023 Mozambique Demographic and Health Survey, including men and women aged 18–49 years. Symptoms of depression and anxiety were measured using the PHQ-9 and GAD-7 instruments. We estimated stratified multilevel ordinal logistic regression models, incorporating random effects at the individual and census cluster levels. Key independent variables included self-reported diagnoses of chronic conditions (hypertension, diabetes, lung disease, and heart disease), household wealth quintile, household size, and household composition. Models controlled for age, education, employment status, marital status, migration status, urban residence, cluster altitude, and province.
Results: For both genders, having a chronic condition (OR: 1.73 (0.39) – 2.23 (0.35)) and being divorced, widowed, or separated were associated with higher levels of depressive and anxiety symptoms. Men living in urban areas had higher odds of reporting more depressive symptoms. Women living in districts affected by floods or violence had higher odds of reporting more depressive and anxiety symptoms. Consistent employment was associated with lower odds of depressive symptoms for both genders and of anxiety symptoms among women only. Household wealth and household composition were not significantly associated with either outcome.
Discussion: Chronic disease status is an important predictor of depressive and anxiety symptoms in Mozambique. Regional differences showed that women in northern regions exposed to violence and natural disasters are seemingly more affected by depressive and anxiety symptoms.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Population mental health and depression

335 Author(s): Rainer Reile, Mall Leinsalu

„Change in population mental health in Estonia after Russia´s military invasion to Ukraine in 2022“

Introduction: In 2022, Russia started a full-scale war in Ukraine, that has had tremendous mental health impact for Ukraine and Ukrainian refugees fleeing the conflict. Less is known how it affected the mental health in countries not directly involved to the conflict, particularly in the Eastern European region. While drawing direct comparisons with both COVID-19 pandemic and pre-crisis period, this study assesses the effect of Ukrainian war on the depressiveness in Estonia.
Methods: Data originates from three consecutive (2018, 2020, 2022) cross-sectional surveys providing nationally representative and comparable data on 6613 respondents aged 20–64 years. Self-reported depressiveness within past 30 days (being depressed either “a lot” or “somewhat more than before”) was used as dependent variable with a range of socio-demographic indicators included as independent variables. Poisson regression was used to compare the prevalence with preceding study year. Statistically significant changes (at $p<0.01$) from fully adjusted models are reported as prevalence ratios (PR) with 95% confidence intervals.
Results: The prevalence of depressiveness in total population was 16.8% (15.3–18.4) in 2018, 22.0% (20.3–23.9) in 2020, and 29.5% (27.6–31.5) in 2022. Adjusted PRs showed 34% increase in depressiveness after the outbreak of COVID-19 in 2020, and a further 32% increase in 2022. Between 2018 and 2020, the depressiveness increased more among women (PR=1.35), older people (PR=1.71 and PR=1.45 respectively among 35–49- and 50–64-year-olds), ethnic Estonians (PR=1.38), high and middle educated (PR=1.33, and PR=1.36), those with middle and low income (PR=1.44 and PR=1.39), and among employed (PR=1.41). Between 2020 and 2022, the depressiveness increased more among men (PR=1.42), younger people (e.g. PR=1.37 among 20–34-year-olds), non-Estonians (PR=1.65), high educated (PR=1.71), those in high income group (PR=1.89), and among the employed (PR=1.43).
Discussion: Increased prevalence of depressiveness in 2022 and considerable differences compared to both 2020 and 2018 indicating the pre-crisis period demonstrates that the war in Ukraine has had substantial effect on population mental health even far from the actual frontlines. The vicinity of hostile country and parallels from 20th century raise concerns of widening armed conflict and are likely explanations to worsening mental health in Estonia.

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Population mental health and depression

353 Author(s): Manon Hoedt, Sara De Bruyn, Edwin Wouters, Bart Boets, Koen Ponnet
„From household chaos to green space: Spatial determinants of infant self-regulation“

Introduction: Children do not grow up in isolation. As described by Bronfenbrenner, they develop within an interconnected ecological systems where influences range from the immediate home environment to the broader neighbourhood and societal context. Prior research has linked spatial characteristics - such as household chaos, residential instability, structural housing deficiencies, and neighbourhood features including green-space access and air pollution - to mental health. However, evidence on how these spatial factors relate to co-regulation and emerging regulatory difficulties during the first year of life remains scarce, despite this being a highly sensitive developmental period. Moreover, spatial and family dimensions are often examined in isolation, limiting understanding of how they jointly shape early development.
Methods: This study investigates how diverse spatial characteristics relate to regulatory difficulties in one-year-old children, both directly and indirectly through parental mental health and parent-infant co-regulation. We apply a multi-method design combining parental questionnaires and objective environmental indicators. Parents report on household chaos, residential instability, household density, infrastructure quality and neighbourhood satisfaction. These data are supplemented with Geographic Information System (GIS) measures based on residential addresses, including air pollution, noise exposure and access to green space. Data collection runs until March 2026. To date, 1,200 parents have participated, with 79% (n = 945) providing valid addresses for GIS linkage.
Results: Preliminary analyses indicate that spatial characteristics are associated with early regulatory difficulties. Higher household chaos and lower neighbourhood satisfaction appear linked to more regulatory challenges. Early models also suggest indirect pathways via parental mental health and co-regulation patterns.
Discussion: Initial findings underscore the value of examining environmental influences across multiple ecological levels. Spatial environments appear to shape early regulatory development both directly and through their impact on parental wellbeing and co-regulation. These results highlight the need for integrated, context-sensitive approaches to early development. Full analyses and the complete structural model will be presented at the conference.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Population mental health and depression

243 Author(s): Niina Metsä-Simola, Aapo Hiilamo, Lotta Volotinen, Pekka Martikainen, Hanna Remes

„Heterogeneity in educational outcomes following ADHD: A full population register-study in Finland“

Introduction. ADHD has consistently been linked to impaired educational outcomes. However, these associations are unlikely to be uniform across social strata. Prior studies examining heterogeneity in educational outcomes following ADHD are scarce, and our understanding of potential moderating factors remains limited. This study investigates whether associations between ADHD diagnosis and educational attainment vary by individual, family, household, school, and area-level characteristics.
Methods. We used Finnish register data to follow children born in 1998-2000 for ADHD diagnoses at age 6-16 and educational outcomes by age 20. ADHD was identified from healthcare records and medication purchases. We matched 4,367 diagnosed children to 41,966 non-diagnosed controls and used causal forests to estimate average associations between ADHD and educational outcomes – grade point average (GPA) at the end of compulsory education (~age 16) and probabilities of completing any upper secondary degree, academic secondary degree, and enrolment in tertiary education by age 20 – as well as the modifying roles of covariates at the individual, family, household, school, and area levels.
Results. Compared to matched controls, children diagnosed with ADHD had lower GPA (6.9 vs. 7.5) and were less likely to complete any upper secondary degree (59.0% vs. 82.5%), an academic secondary degree (13.4% vs. 41.4%), and to enrol in tertiary education (7.3% vs. 21.2%) by age 20. All associations were heterogeneous. Diagnosed children from socioeconomically advantaged families, schools, and areas had substantially lower GPA and lower probabilities of completing academic degrees and enrolling in tertiary education than their matched controls, whereas diagnosed children from disadvantaged backgrounds were at higher risk of not completing any upper secondary degree.
Discussion. Educational outcomes following ADHD diagnosis show substantial variation, particularly by family, school, and area-level socioeconomic characteristics. Social advantage may buffer early educational transitions from compulsory to upper secondary education but not later progression to tertiary education. These findings highlight the importance of accounting for social context when assessing educational consequences following ADHD.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Health policy, governance, and public trust

191 Author(s): Thomas Abel, Gerry Veenstra, Susie Sykes
„Critical health literacy and equity“

Introduction Today, many societies are shifting ultimate responsibility for health to individuals. And yet, these societies often distribute resources and competencies needed to achieve good health unequally, often along the lines of social class. The Health Literacy (HL) movement has the dual ambitions of empowerment and equity. However, most HL approaches focus on improving health information among individuals with low literacy levels leaving basic issues such as root causes of health inequity, power struggles or paternalism largely unaddressed. The concept of Critical Health Literacy (CHL) has been suggested as a potential remedy to this problem as it seeks to address social, cultural and economic determinants of health and emphasizes participation in interventions. Still, today a coherent theoretical basis for CHL is missing.
Methods We conduct a critical re-examination of dominant HL approaches to identify their theoretical limitations. We then draw from Bourdieu's capital theory to explain and conceptualize CHL as part of cultural capital and elaborate how it operates as a key mechanism in the unequal distribution of health chances. Next, we draw on the work of Paulo Freire to provide additional guidance when defining CHL as means to strengthen patients' and citizens' agency (including structure-transforming actions).
Results Our analysis leads to a theory-supported definition of CHL that goes beyond critical reading of health information to emphasize context-adjusted reflection and action. Bourdieusian insights on the interplay of material and non-material resources inform the concept of CHL and provide theoretical support for its focus on wider social determinants of health. Freire's insights support multi-level participation and the co-production of CHL interventions. We present concrete examples of capital-informed applications of CHL as well as a list of principles that can be used to guide theory-informed future research on CHL and the reduction of health inequities.
Discussion Earlier critics suggested that theoretically weak HL approaches run the risk of reproducing rather than reducing social inequalities in health. A focus on CHL and anchoring it in a cultural capital framework informed by the works of Bourdieu and Freire might help future research and interventions avoid this risk.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Health policy, governance, and public trust

195 Author(s): Jan Gehrmann, Johannes Stephan, Maria Melchior, Matthias Richter, Camille Davisse-Paturet

„Beyond access and use in digital health studies: Social and digital determinants of health across two European health systems“

Introduction: Digital health technologies are increasingly embedded in healthcare systems, yet their access and use remain unevenly distributed. These inequalities are shaped by an interplay of Social Determinants of Health (SDH) and Digital Determinants of Health (DDoH). Comparative evidence on how these determinants influence digital health adoption across different national contexts remains limited. This scoping review maps the SDH and DDoH currently assessed in studies related to digital health technologies in Germany and France.
Methods: A scoping review was conducted following established methodological guidance. Literature searches were performed in PubMed, Scopus, and Web of Science for peer-reviewed primary studies published between 2015 and 2025 in English, German, or French. Studies focusing on access to or use of digital health technologies in Germany or France were included. Data were charted in Covidence using a standardized extraction framework covering study characteristics, types of digital health applications, reported SDH and DDoH, as well as barriers and facilitators. The protocol was registered on OSF (Gehrmann et al. 2025).
Results: Seventy studies were included, predominantly quantitative and cross-sectional. Frequently reported SDH comprised age, gender, education, geographic location, and health literacy, while central DDoH included digital literacy, trust in digital tools, perceived usefulness, usability, and access to digital infrastructure. Comparative analyses revealed both shared patterns and country-specific emphases, with German studies more frequently addressing eHealth literacy and functional aspects of digital health, while French studies placed greater emphasis on the social environment, housing conditions, and ethical considerations. Exploratory correlation-based heatmaps were used to visualize the co-occurrence of SDH and DDoH, as well as reported barriers and facilitators across studies, highlighting recurring constellations of determinants and patterns.
Discussion: Digital health access and use are shaped by complex, context-dependent configurations of SDH and DDoH. Mapping these interactions underscores the need for integrated and equity-oriented digital health strategies that address both social conditions and digital capabilities across healthcare systems.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Health policy, governance, and public trust

346 Author(s): Lucie Kalousová, Zheng Lian, Deborah Carr, Kafayat Mahmoud
„The last inequality: Policy, institutions, and the stratification of end-of-life quality“

Introduction: The quality of end-of-life experiences may be a site of health equity in later life. Findings from the United States suggest a “socioeconomic status paradox” in death quality. Patients with less socioeconomic resources are more likely to receive treatment with greater intensity and less likely to utilize comfort care, yet no apparent socioeconomic disparities in dying experiences are observed. This unexpected pattern lends support to the characterization of death as “the great equalizer,” such that socioeconomic resources appear to be unrelated with end-of-life outcomes. However, research that investigates this topic tends to focus on a single national context and pays little attention to the selection bias that is prevalent in proxy reports of dying experiences. Combinedly, these methodological challenges might have contributed to the null findings regarding the role of socioeconomic status. To address these gaps, we conducted a cross-national analysis of socioeconomic disparities in death quality across Europe and applied survey weights that are designed to adjust for selection into proxy interviews.
Methods: Data are drawn from the Survey of Health, Ageing, and Retirement in Europe, Eurostat, and European Values Study. Socioeconomic status variables include education, occupation, and wealth. Death quality measures encompass place of death, encounters with medical and long-term care facilities, and end-of-life symptoms and management. Generalized linear models with fixed effects are estimated, and the moderation effects of institutional factors are explored. We apply person-level survey weights and cluster standard errors at the country-level for all analyses.
Results: Decedents with greater socioeconomic resources tend to experience better death quality outcomes than their counterparts with less socioeconomic resources, and these associations are contingent on long-term care spending and cultural preference and practice toward family caregiving at the country level.
Discussion: Contrary to the null findings indicated in the prior literature, our findings show that death quality is structured by socioeconomic status. This study highlights the need to address selection bias in proxy reports of dying experiences and underscores the significance of national contexts in shaping these disparities.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Loneliness, social relationships, and wellbeing

142 Author(s): Katja Goetz, Jost Steinhäuser
„Importance of services to combat loneliness – a qualitative study“

Introduction: Loneliness is increasingly prevalent in all age groups and has become a public health problem for older people. Loneliness can have a negative impact on psychological and physical well-being. Initiatives, whether at the local or national level, exist to raise awareness about loneliness and prevent it where possible. However, it seems that these initiatives are not reaching the people who could benefit the most from them. Therefore, the aim of the qualitative study was to evaluate what services exist to combat loneliness, to what extent these services are used, and what barriers exist to using them.
Methods: A qualitative study was conducted in Schleswig-Holstein. Citizens affected by loneliness and representatives of associations and welfare organizations were recruited for the interviews. The evaluation was carried out using qualitative content analysis.
Results: A total of 55 interviews (n= 27 with citizens and n= 28 with representatives of associations) were conducted. There is a wide range of offerings, from joint activities in nature to housing projects to digital opportunities for networking and exchange. However, interviews with those affected revealed that fear of stigmatization, shame, health limitations such as bladder weakness or depression, and a lack of financial resources or infrastructure opportunities are the main factors preventing participation in these offerings.
Discussion: A first step toward addressing the challenges associated with loneliness should be to adapt existing services to the target group and expand dissemination strategies for services. In addition to low-threshold services, barrier-free access and stigma-free spaces are needed.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Loneliness, social relationships, and wellbeing

177 Author(s): Anna Christina Nowak, Dirk Lampe
„A missing link in tumultuous times? Connecting research on social conflicts and mental well-being“

Research on the role of societal conflicts for mental health remains limited. However, existing evidence suggests that political preferences may shape individual well-being and life satisfaction (e.g., Newman et al., 2019). In addition, democratic systems have been associated with more favorable health outcomes (Oyèkọ́lá, 2023). Within Europe, studies indicate that individuals living in more socially cohesive societies report higher levels of subjective well-being (Delhey & Dragolov, 2016).
The Konfliktmonitor by the ConflictA – Conflict Academy at Bielefeld University examines public attitudes toward, perceptions of, and experiences and coping with societal conflicts. To this end, an online longitudinal study was conducted in November 2024 and in May/June 2025. The present analysis is based on cross-sectional data from Wave 2. Mental well-being was measured using WHO-5. As no established instruments assessing coping and experiences with societal conflicts were available, two sets of self-developed items were created and subjected to an exploratory factor analysis. Results supported in unidimensional factor structure (Cronbach's $\alpha = 0.858$ and Cronbach's $\alpha = 0.792$).
30,4 % of the participants reported reduced well-being. Negative conflict experiences ($r = 0.14$, $p < 0.001$) and negative attitude towards societal conflict resolution ($r=0,12$, $p<0.001$) were significantly correlated with poorer well-being. Logistic regression analyses indicated an increased likelihood of poor mental well-being associated with more negative personal conflict experiences (OR = 1.3, $p < 0.001$) and negative perception of societal conflict resolution (OR = 1.3, $p < 0.001$). These effects remained significant after adjustment for sociodemographic characteristics.
The findings indicate that societal conflicts represent relevant social stressors with implications for population mental health. Public health prevention and health promotion strategies should therefore focus on strengthening societal resilience and collective capacities for conflict management.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Loneliness, social relationships, and wellbeing

202 Author(s): Pauline Kleinschlömer, Sabine Diabaté, Helena Ludwig-Walz
„The family factor: The impact of life events on loneliness“

Introduction: Loneliness is a pervasive issue in contemporary society, making it essential to identify protective and risk factors. Throughout life, individuals experience a range of events that alter their social networks and, in turn, may influence loneliness. Key life-course experiences, including changes in partnership status, childbirth, death of family member and changes in general health are particularly important, because they often lead profound changes in an individuals' network.
Method: In our study, we examine the impact of such family-related life events on loneliness among individuals in Germany aged 18 to 54 (n=28,016). We therefore use data from Waves 2 (2022/23) and 3 (2023/24) of the German Family Demography Panel (FReDA) and apply first-difference regression models. The life events considered can be grouped into five broader categories: (1) the beginning of a relationship (including actively seeking for a partner, living-apart together (LAT), cohabitation, and marriage), (2) the end of each relationship type, (3) the birth of children, (4) illness, and (5) the death of parents. By applying longitudinal methods, we aim to identify the role of life events as triggers for loneliness and pinpoint critical periods of vulnerability.
Results: The results indicate that partnership transitions emerged as the strongest determinants of loneliness: entering a relationship – particularly a LAT – substantially reduced loneliness, whereas relationship dissolution consistently increased loneliness across all partnership forms. Health-related transitions also played an important role. Both work incapacity and declines in subjective health were associated with increased loneliness, underscoring that health deteriorations can disrupt social integration well before later life. Parenthood showed a gender-specific pattern, with increased loneliness following first-time motherhood but no comparable effects for fathers or subsequent births. In contrast, parental death was not associated with sustained changes in loneliness, suggesting that bereavement effects may depend on the nature of the loss and the broader social context.
Discussion: Recognizing these triggers can inform proactive interventions and preventive strategies during key life transitions, helping to reduce the risk of loneliness or prevent temporary, situational loneliness from developing into chronic loneliness.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Loneliness, social relationships, and wellbeing

337 Author(s): Katarzyna Zawisza, Paulina Sekuła, Barbara Woźniak, Michalina Gajdzica, Karolina Majdak, Beata Tobiasz-Adamczyk
„The moderating role of online social networks in the association between feeling of loneliness and well-being in Polish older adults“

The aim of the current study was to verify the moderating role online social networks in the association between feeling of loneliness and subjective well-being in Polish men and women aged 50 years or older.
The COURAGE-CAD cross-sectional study conducted in 2024 year. The analysis included 1,802 (including 1058 internet users) face-to-face interviews conducted with randomly selected people (50+) from among general Polish population. Well-being was assessed using the Satisfaction With Life Scale and the Day Reconstruction Method. Loneliness was measured with the Three-Item UCLA Loneliness Scale. Online social networks were assessed based on Internet use, online social connection formation, and the frequency and type of online social contacts.
The present findings indicate that loneliness is strongly associated with lower subjective well-being among older adults of both genders. For women, participation in online social communities emerged as the primary protective factor, buffering the negative effects of loneliness on selected aspects of well-being. In contrast, among men, the mitigating role of online social networks was more strongly associated with the regular use of communication applications and email, with social media platforms also contributing to this effect.
These findings have important implications for policy and intervention design. Strategies aimed at reducing loneliness and improving well-being among older adults should consider not only increasing access to digital technologies but also promoting forms of online engagement that are meaningful and socially integrative, with particular attention to gender-specific needs and preferences.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Reproductive health, gender, and medicalization

137 Author(s): Anna Wallays

„How mandatory abortion counseling relates to women's reproductive empowerment: an observational study“

Background: Access to timely abortion care is central to reproductive health and rights. In Belgium, abortion is preceded by mandatory counseling, justified as a safeguard for informed decision-making. However, international evidence has strongly criticized (biased) mandatory counseling for undermining women's reproductive empowerment.
Objective: This study examines how mandatory abortion counseling relates to women's reproductive empowerment in contexts where substantial efforts are made to deliver unbiased counseling.
Design: The study is based on observations of 32 intakes conducted in a single abortion center in Flanders, Belgium.
Methods: Observational data were analyzed using Burawoys' Extended Case Method (ECM). This reflexive approach enabled an imaginative elaboration of reproductive empowerment theory and facilitated an examination of tensions between normative policy prescriptions and everyday couseling practices.
Results: Preliminary findings provide insight into how key dimensions of agency – a component integral to reproductive empowerment – choice, voice, and power are negotiated and enacted within abortion counseling.

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Reproductive health, gender, and medicalization

157 Author(s): Azer Kiliç, Mürüvet Esra Yildirim
„Interpretive contests over anti-müllerian hormone testing: How women engage with and resist anticipatory medicine“

Introduction: Anti-müllerian hormone (AMH) testing is widely used as a biomarker of fertility potential, despite limited evidence supporting its predictive value. This study examines how AMH testing is used, interpreted, and contested in Turkey, focusing on women's online discussions about test results, medical advice and preferred responses.
Methods: The study draws on a qualitative analysis of online discussions from a Turkish women's forum. Posts referencing AMH testing were thematically analyzed to examine how women report doctors' claims and recommendations regarding low AMH values, collectively interpret test results, and negotiate advice related to fertility planning and assisted reproductive technologies (ARTs). The dataset includes 667 threads and 14,063 posts, spanning multiple years (2015 - 2025).
Results: Interpretive contests over AMH testing take place between patients and doctors and are shaped by multiple temporal frameworks, including references to past reproductive experiences and anticipated futures. While some women embrace AMH testing for reproductive planning, many resist ART recommendations based primarily on low AMH values in the absence of an infertility diagnosis. Women's shared interpretations frequently draw on experiential knowledge consistent with evidence-based understandings of AMH as an unreliable predictor of fertility.
Discussion: These interpretive contests over AMH testing reflect a double movement: the expansion of anticipatory medicine through AMH testing and subsequent ART recommendations, alongside resistance to this expansion. The findings highlight how women engage with and contest anticipatory medicine within a largely private reproductive healthcare context marked by perceived commercial pressures.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Reproductive health, gender, and medicalization

251 Author(s): Nina Van Eekert, Naomi Biegel, Sarah Van de Velde
„Describing FGC prevalence and medicalization in 5 countries: A competing risk analysis by birth cohort“

Background: This study argues for a more nuanced approach to presenting female genital cutting (FGC) prevalence and medicalization trends. It addresses the lack of empirical evidence supporting the claim that medicalization hinders FGC decline and highlights methodological issues in current reporting on FGC prevalence and medicalization trends.
Methods: The study employs competing risk analysis by birth cohort using Demographic Health Survey data from five countries (Egypt, Nigeria, Kenya, Guinea, Yemen) with previously reported high medicalization rates (>10%). This approach provides a clearer, more current perspective on FGC trends compared to traditional methods.
Results: Three key findings emerge. First, FGC prevalence and medicalization interact differently across contexts, challenging the assumption that medicalization inherently counteracts FGC abandonment. Second, Medicalization prevalence estimates were generally lower than in previous reports, with only Guinea and Egypt exceeding 10% in this analysis. Third, analyzing temporal trends by birth cohorts, rather than focusing solely on period effects, has revealed important distinctions. It is essential to emphasize this difference, as policy reports primarily focus on the first type of analysis, which we believe is not suitable in capturing ongoing trends.
Conclusion: Analyzing FGC prevalence and medicalization trends through competing risk analysis by birth provides essential insights for evidence-based policymaking and a more accurate representation of these trends.

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Reproductive health, gender, and medicalization

317 Author(s): Anna Theresa Schmid

„Between care and control: Analysing accompanied abortion stories in Ireland and Northern Ireland“

Introduction: Previous research suggests that incorporating informal support persons in abortion care can increase accessibility, improve abortion experiences, and reduce stigma. Yet, studies tend to focus on the overall function of the practice, falling short of in-depth explorations of what being accompanied during an abortion means to those experiencing it. Additionally, research from a reproductive justice perspective that considers how power shapes the experience both interpersonally and structurally remains scarce. This study addresses these gaps by exploring accompanied abortions on the island of Ireland. The island's recent transition from highly restrictive to more accessible abortion care offers a unique opportunity to examine support across changing models of provision within a single socio-historical context.
Methods: Using narrative interviews and critical narrative analysis, I explore how eight individuals made meaning of their accompanied abortion experiences pre- and post-reform. The analytic focus is on both individual stories (narrative tones, functions, and subject positions) and cross-story thematic patterns, followed by an exploration of how intersecting domains of power manifest in the stories.
Results: While narratives varied, most participants described their trusted person(s) as enhancing their journey, not only during the abortion but also before and after. They highlighted gendered care and the ways informal support operated within constrained formal provision shaped by (medical) surveillance. Despite being accompanied, many narrated embodied experiences (e.g., pain) and emotional struggles as solitary experiences, though being part of a community seemed to give their abortion meaning. However, the accompaniment was not portrayed without tension: accounts of 'support' people guiding the process, alongside references to restrictive laws and stigma, emphasise how the experiences were shaped and delimited across intersecting domains of power.
Discussion: The findings illustrate the diverse meanings conveyed in the stories, and how structural, cultural, disciplinary, and interpersonal dynamics shape the accompanied abortion experience pre- and post-reform. Nevertheless, what participants characterised as 'good' accompaniment offered a sense of safety and relational care that formal systems failed to provide, illustrating how informal support can function as a counterbalance to institutional and cultural constraints within abortion care.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Reproductive health, gender, and medicalization

355 Author(s): Tugba Özcan
„Reproductive Time and mental health in clinical contexts“

This paper offers a sociological discussion of temporal misalignment in reproductive healthcare and its implications for medicalization and mental health. Women's reproductive bodies operate through cyclical, fluctuating, and recurrent temporalities. However, clinical practice is largely structured around linear, episodic, and time-restricted encounters that prioritize discrete pathological events over longitudinal, cyclical experience. I suggest that this temporal discrepancy is not merely organizational but constitutive of how reproductive conditions are recognized, interpreted, and managed.

When cyclical suffering is evaluated within brief consultations and standardized diagnostic timelines, symptoms are frequently fragmented, normalized, or treated symptomatically without sustained temporal attention. Such encounters produce prolonged uncertainty, not only about diagnosis but about the meaning and legitimacy of bodily experience. The tension between cyclical embodied time and linear clinical time thus contributes to both under-recognition of chronic reproductive pain and intensified medicalization through repeated interventions.

Drawing on medical sociology and feminist theories of embodiment, I argue that temporal misalignment functions as a structural feature of biomedical authority. By imposing linear temporal regimes onto cyclical bodies, medicine simultaneously narrows what counts as clinically intelligible and destabilizes patients' confidence in their own temporal knowledge of the body. In this context, mental distress does not emerge simply as a reaction to illness but as co-produced within temporal frameworks that marginalize lived time.

Reconsidering clinical temporality is therefore crucial for understanding how medicalization and mental vulnerability become intertwined in women's reproductive health.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Migration and mental health II

229 Author(s): Laura Hertner, Emily Frank, Dana Abdel-Fatah

„Beyond symptom checklists: Differential sensitivity of PHQ and feeling broken and destroyed scale to social and political stressors among Syrian refugees and receiving communities in Lebanon“

Intro: Research on mental distress in displaced populations and conflict-affected settings has often relied on psychiatric measures, that equate suffering with mental illness (mainly PTSD and depression), potentially overlooking the social and political contexts that shape experiences of distress. Lebanon provides a particularly relevant setting: it received large numbers of Syrian refugees while facing chronic political instability, severe economic crisis, and intermittent armed conflict.
Objective: This study aims to compare two measures of mental suffering, the Patient Health Questionnaire (PHQ) and the Feeling Broken and Destroyed (FBD) scale, among Syrian refugees and receiving society members in Lebanon, assessing how each captures mental sufferings in relation to socio-political and immediate physical stressors.
Methods: We use data from the fall 2023 TRANSMIT survey in Lebanon (Syrians N = 1,228; receiving society N = 1,221), where respondents completed both PHQ and FBD questionnaires and matched them with geocoded ACLED conflict data on explosions and battles during the time of data collection. To compare the two scales, we employ several measures of internal and external consistency. Internal consistency measures include Spearman-Brown prediction, which accounts for differences in scale length (PHQ = 8 items, FBD = 3 items). External consistency was evaluated via seemingly unrelated regressions (SUR), comparing how covariates—including sociodemographics, poverty, neighborhood quality, political deadlock concerns, discrimination, and exposure to bombings and battles within 10 km—affect both scales. Because there are statistical issues with comparing scales of different lengths, our SUR analysis contains 58 regressions: 56 use combinations of 3 PHQ items as outcomes, while 2 use the full 8-item PHQ and 3-item FBD.
Results: FBD is more sensitive to socio-political predictors of mental suffering. We find evidence that the effect of several covariates, poverty, poor quality of neighborhood dwellings, experiencing discrimination, concerns about political deadlock, and Syrian nationality, is significantly greater on FBD as compared to PHQ. While we find that PHQ is actually more sensitive to experienced bombings than FBD, we suggest that this may be because PHQ focuses more on physiological symptoms of poor mental health, which may be affected by immediate physical danger.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Migration and mental health II

246 Author(s): Susanne Bartig, Carmen Koschollek, Stefan Liebig, Adriana Cardozo Silva, Louise Biddle
„Mental health of Ukrainian refugees in Germany: Results of the IAB-BAMF-SOEP Survey 2023“

Introduction: Ukrainian refugees currently represent the largest group of asylum seekers living in Germany, but little is known about their mental health. Given differing residence regulations and sociodemographic characteristics of Ukrainian refugees compared to those from other countries of origin, the transferability of existing evidence on mental health remains unclear. This contribution aims to identify the prevalence of depressive and anxiety symptoms among Ukrainian refugees and to examine associated sociodemographic and post-migration factors. Moreover, we conduct a comparative analysis of mental disorders among refugees from Afghanistan, Iran, Iraq, and Syria, as well as migrants and non-migrants.
Methods: The analyses are based on representative data from the IAB-BAMF-SOEP Survey of Refugees in Germany 2023, collected among Ukrainians who fled to Germany in 2022, and supplemented with data from the SOEP core sample. Prevalence ratios were estimated using Poisson regressions to investigate associations of depressive symptoms (PHQ-2) and anxiety disorders (GAD-2) with sociodemographic and post-migration factors.
Results: Ukrainian refugees reported depressive symptoms more often (21.1 %; 95% CI: 18.9-23.3) than the comparison groups (e.g., non-migrants: 13.0%; 95% CI:12.1-13,9). The age-standardized prevalence of anxiety symptoms (12.8%; 95% CI: 11.1-14.3) was comparable to other refugee nationalities (14.0%; 95% CI: 11.3-16.8), but higher than among non-migrants (9.6%; 95% CI: 8.8-10.5). Associations between symptoms of mental disorders and post-migration factors varied considerably; however, self-reported experiences of discrimination contributed to health inequalities in both refugee groups (e.g., PHQ-2 for Ukrainian refugees: PR=1.47; 95% CI:1.21-1.79). Indicators of social integration, e.g., a lack of social contacts (PR = 1.28; 95% CI: 1.05-1.55) and socioeconomic disadvantage, such as risk of poverty (PR = 1.33; 95% CI: 1.03-1.70) were associated with depressive symptoms among Ukrainian refugees. In contrast, limited German language proficiency was associated with symptoms of depression (PR=1.62; 95% CI: 1.13-2.32) and anxiety (PR=1.79; 95% CI:1.23-2.61) among refugees from other selected countries of origin.
Discussion: Mental disorders among Ukrainian refugees are closely linked to social inequalities, with experiences of social exclusion and discrimination particularly contributing to health disparities. Targeted interventions are needed to address mechanisms of social exclusion and to offer diversity-sensitive psychotherapeutic services in order to reduce health inequalities.

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Migration and mental health II

348 Author(s): Emma Perneger, Srilak Weerawardane, Yves Jackson, Stéphane Cullati, Claudine Burton-Jeangros

„Aging in the shadows: health trajectories of older undocumented migrants“

Introduction: Undocumented migrants are especially exposed to health risks, with limited economic resources to overcome them while facing barriers to access healthcare. Yet little is known about the health and living conditions of older undocumented migrants, whose experiences are shaped by the intersection of ageing and precarious legal status. This study addresses this gap by examining how legal status affects the health trajectories of undocumented migrants aged 60 and over.
Methods: This presentation reports on an ongoing doctoral research project using qualitative methods to explore the health and living conditions of older undocumented migrants in Geneva, Switzerland. Semi-structured interviews are conducted with local stakeholders, including health practitioners and social workers, who are in contact with older undocumented migrants. Narrative life-history interviews are carried out with older undocumented migrants to capture subjective experiences of health and healthcare as embedded in individual life trajectories and the broader socio-political context. Data collection is still ongoing; data are analyzed thematically, with attention to life-course dynamics and policy-level constraints.
Results: Preliminary findings indicate that older undocumented migrants experience specific and cumulative health issues, including chronic illnesses and mental health problems, linked to long-term exposure to precarious working and housing conditions. Access to healthcare is largely centered on emergency care, with preventive and chronic care remaining limited. Healthcare costs (due to restricted access to health insurance) and unstable living conditions are identified as major barriers to access healthcare. Health-related challenges are consistently described alongside restricted social rights and persistent uncertainty about the future. Support from local NGOs, family networks, and community groups emerge as crucial resources in navigating health and social needs, facing a complex and unclear administrative environment.
Discussion: These findings underscore legal status as a key social determinant of health and suggest the cumulative, life course effects of prolonged precarious legal status on health in older age. Findings also suggest an ambiguous policy context regarding undocumented migrants, lacking clear procedures to assert their health and social rights. By focusing on older undocumented migrants, this study contributes to debates on health inequalities, unequal aging and social policy.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Chronic disease, diagnosis, and epidemiology

179 Author(s): Samuel Nemeth, Shawn Bauldry

„Sociodemographic differences in the recovery of physical and cognitive functional impairments“

Introduction: Recent research has developed the concept of dual functionality, which represents maintaining both physical and cognitive function (Bauldry et al. 2023, 2024; Ferraro et al. 2023, 2025). A loss of function in either domain has the potential to compromise the ability to live independently, to alter social and familial relationships, and to change an individual's orientation towards the future. Studies demonstrate substantial sociodemographic disparities in the loss of dual functionality, but no study to date has examined recovery of dual functionality.
Methods: This study draws on data from 10 waves (2000-2020) of the Health and Retirement Study, a nationally representative sample of the United States population aged 50 and older. Dual functionality is measured as reporting no limitations in Activities of Daily Living (ADLs) and scoring above 6 on the modified Telephone Interview for Cognitive Status (TICS) scale (Langa et al. 2023). Based on these criteria, 12,332 respondents lost dual functionality during the study period. For each of these respondents, it was determined whether they regained physical function, cognitive function, or both and, if so, how many years after initially losing dual functionality. Cox proportional hazard models were fit to evaluate sociodemographic correlates of recovering functionality.
Results: Figure 1 presents the cumulative incidence of recovery following loss of dual functionality. Recovery occurs, if at all, relatively quickly with a steep increase during the first four years. The median time to recovery is approximately four years and we estimate a majority of individuals who lost dual functionality can recover it. Results from the Cox proportional hazards model reveal educational attainment as having a notable association with recovery: compared to individuals with less than a high school education, those with a high school degree or some college have a 15.2% higher rate of recovery (95% Confidence Interval: 1.070-1.240) while those with a college degree or higher experienced a 20.5% higher rate of recovery (95% CI: 1.080-1.343).
Discussion: This study contributes to our understanding of recovery from functional impairments.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Chronic disease, diagnosis, and epidemiology

190 Author(s): Jana Wegehöft, Julia Perry

„Blood-based biomarkers for Alzheimer´s Disease – Current developments, insights and uncertainties concerning future implementation in Germany“

Introduction: The proposed use of blood-based biomarkers (BBMs) to aid a timely diagnosis of Alzheimer's disease (AD) and the availability of disease-modifying therapies are contributing to a major shift in early detection and diagnosis of AD. While BBMs have the potential to improve patient care, it currently remains unclear in which context they would be best applied. The special trust relationship between potential AD patients and their general practitioners (GPs) implies that primary care will play a gatekeeping role for BBM implementation in routine care. However, there is currently a lack of empirical data including GPs, affected individuals and caregivers on perceived acceptance and ethical challenges of BBM testing, particularly concerning the uncertainty of risk information and anticipation of counseling needs.
Methods: Within the interdisciplinary PREPARE project (2023-2026), funded by the BMFTR, we conducted a scenario workshop with eleven German dementia experts from various fields. Practical scenarios were developed for the use of BBM tests, reflecting social and ethical implications, political framework conditions, and societal strategies. To explore perspectives of GPs, affected individuals and caregivers on BBM implementation approaches, we are currently conducting two semi-structured interview studies (each n=15). All interviews explore expectations, communication needs, and potential ethical challenges. The data is analyzed using qualitative content analysis.
Results: Findings from the scenario workshop highlight that BBM testing is not merely a clinical innovation but implies a societal development that could reshape concepts of aging, responsibility, uncertainty and vulnerability. Anticipatory and ethically grounded governance will be crucial to ensure that the benefits of this new technology are realized without reinforcing existing uncertainties, inequalities or creating new forms of burden. Initial results of our empirical study point to openness towards BBM testing, however, also highlight concrete information and communication needs prior to testing, unclear role expectations and comprehensive support structures in the health care system.
Discussion: We will reflect on how BBMs can be implemented in routine care in an ethically and socially responsible manner. We will consider effective communication approaches focusing on minimizing negative psychosocial outcomes, determining clear distinctions between disease and at-risk states in individuals, and promoting equitable access.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Chronic disease, diagnosis, and epidemiology

225 Author(s): Eevi Haverinen, Moritz Oberndorfer, Hanna Remes, Pekka Martikainen, Niina Metsä-Simola

„Spatial and socioeconomic variation in neurodevelopmental diagnoses: a multilevel Finnish population study“

Background: Neurodevelopmental disorders are a common reason for service use in childhood, with studies showing significant within-country variation in attention-deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and, to a lesser extent, developmental learning disorder (DLD) diagnosis prevalence. However, it remains unclear where within a multilayered service structure this variation arises and whether it can be attributed to underlying population composition or contextual factors within the service environment.
Methods: Using nationwide Finnish register data, we followed 343,385 children born between 2005 and 2010 until age 12 and identified the first diagnosis of ADHD, ASD, or DLD using healthcare and prescription data. Family characteristics were measured longitudinally across childhood, and municipality characteristics were anchored at the child's age 6. We then assessed gender-stratified municipality- and hospital district-level variation in diagnoses using mixed-effects logistic regression. By adjusting for family- and municipality-level socioeconomic characteristics, we quantified residual variation attributable to municipality and hospital district levels.
Results: Odds of receiving a neurodevelopmental diagnosis by age 12 varied across both municipalities and hospital districts for ADHD and DLD, while this variation was largely confined to the hospital district level for ASD. Across diagnoses, median odds ratios at the hospital district level ranged 1.33–1.69 among boys and 1.47–1.61 among girls, with hospital districts accounting for a greater share of residual variance than municipalities. This variation persisted after adjustment for population socioeconomic composition and municipality-level characteristics.
Conclusion: Even in the context of a universal healthcare system, children may have varied odds of receiving a neurodevelopmental diagnosis based on the hospital district they live in, which persists after taking differences in the socioeconomic composition of the population into account. This pattern points toward institutional processes within specialized healthcare as a potential source of geographic variation, with implications for equity and consistency in how children are diagnosed and supported across contexts.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Chronic disease, diagnosis, and epidemiology

271 Author(s): Stefanie Sperlich, Johannes Beller, Batoul Safieddine
„Trends in obesity from 2002 to 2022 in Germany – what is the impact of educational expansion?“

Introduction: In recent decades, obesity rates rose in Germany and worldwide, despite the trend toward higher levels of education, which is generally associated with a healthier lifestyle. This study examines the relationship between educational expansion and the development of obesity over time. The focus is on the question of how obesity would have developed if there had been no educational expansion.
Methods: We used data from the Socioeconomic Panel Survey (SOEP) from 2002 to 2022. Trends in obesity and school education were analysed across gender and two age groups (25-49 yrs. and 50+ yrs.) using predicted probabilities from logistic regression models. The impact of educational expansion on obesity was assessed using the prevented fraction for the population which is an epidemiological measure that quantifies the proportion of obesity that could have been prevented due to the protective factor ‘high level of school education’.
Results: Parallel to the rise in educational attainment, obesity also increased, most notably among men, where it rose from 12.4% to 19.4% among the 25- to 49-year-olds and from 17.5% to 24.5% among those over 50 years. As the development of the risk ratio shows, the importance of a high level of school education as a protective factor against obesity remains significant over time, but with different trends depending on age group and gender. The rise in high levels of school education had a particularly protective effect among women aged 25-49 years, where the proportion of obesity prevented by high education rose from 15.0% in 2002 to 26.0% in 2022.
Discussion: We found that without educational expansion, the increase in obesity would have been even steeper. Our findings underscore the health-in-all-policies-approach which emphasizes that education policy is also health policy.

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Parallel Sessions 7 (Friday, 21st of August 2026, 11:00 a.m. - 12:30 p.m.)

Chronic disease, diagnosis, and epidemiology

286 Author(s): Lieselotte Mond, Batoul Safieddine, Juliane Tetzlaff, Jelena Epping
„Time trends in depression risk following acute cardiovascular events: A population-based case-control study using German health claims data“

Introduction: Depression and acute cardiovascular events (ACE), such as myocardial infarction or stroke, are highly prevalent conditions and major contributors to morbidity and mortality. A bidirectional association between ACE and depression has been well documented. However, evidence on temporal trends in depression risk following ACE remains limited.
Methods: We conducted a series of population-based case-control studies using German statutory health insurance claims data. The study design was replicated across five calendar periods with index years 2007, 2010, 2013, 2016, and 2019. For each period, individuals aged ≥18 years with an incident ACE in the respective index year and no prior diagnosis of depression or ACE were identified. For each case, one control without ACE was matched by age, sex, and income group. All cohorts were followed for three years to assess incident depression. Cox proportional hazards were used to estimate hazard ratios for depression, adjusting for age and comorbidities. Analyses were stratified by sex.
Results: Across all time periods, individuals experiencing an ACE had an elevated risk of developing depression compared to matched controls. Among men and women, a declining trend in the risk of developing depression was observed in both the study and the control groups, with risks in the most recent periods being markedly lower than in the first period. Women had a higher overall risk of depression independent of ACE exposure compared to men, but the persistent excess risk associated with ACE was higher in men than in women throughout all time periods.
Discussion: While depression risk declined over time in both the study and control groups, individuals who experienced an ACE consistently exhibited a higher risk of depression than their counterparts without ACE. Overall, the findings demonstrate that ACE are associated with sustained, sex-specific elevations in depression risk over time and underscore the importance of considering temporal and gender-related dynamics when interpreting mental health outcomes after cardiovascular events.

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Conference Venue

The conference will take place at the University Medical Center Hamburg-Eppendorf in building N55 “Campus Lehre” (Martinistr. 52, 20246 Hamburg).